

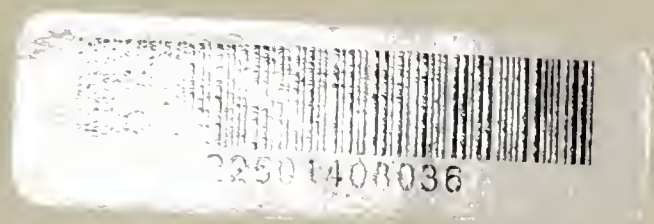
ANNUAL REPORT  
OF THE  
SANITARY COMMISSIONER WITH THE  
GOVERNMENT OF INDIA,

FOR  
1907,

WITH  
APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG  
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS  
IN INDIA, FOR THE YEAR.



CALCUTTA  
SUPERINTENDENT GOVERNMENT PRINTING, INDIA  
1908









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OF THE  
SANITARY COMMISSIONER WITH THE  
GOVERNMENT OF INDIA

FOR

1907.





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IN INDIA, FOR THE YEAR



CALCUTTA  
SUPERINTENDENT GOVERNMENT PRINTING, INDIA  
1908





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# ANNUAL SANITARY REPORT FOR 1907.

## SECTION I.

### METEOROLOGY OF THE YEAR.

1. The following information has been furnished by the Meteorological Department of the Government of India, the monthly summaries being extracted from the Monthly Weather Reviews published by the Department.

#### *Meteorology of the seasons.*

*The cold and hot weather periods.*—January was a very dry month over by far the greater part of the country and temperature was in marked excess, while humidity and cloud were below the average, but at the beginning of February a period of disturbed weather set in which lasted until the beginning of May. During this time an unusually large number of very active cold weather depressions crossed northern India and gave rainfall on the plains far in excess of the normal in February, March and April, and very heavy snow in the hills, down to unusually low elevations. Weather was in consequence damp, cloudy and cold.

The hot weather did not set in definitely until May and although this month was very dry yet temperature in north-western India and the central parts of the country was from  $2^{\circ}$  to  $3^{\circ}$  below normal, probably owing to the heavy snowfall on the Himalayas; the hot weather conditions were prolonged in north-west India, the United Provinces and Central India until the third week in July when the monsoon broke. A cyclonic storm which passed over Karachi on the 6th June travelled up the Indus valley and gave heavy rain in the south-west and central Punjab but this was the only rainfall that occurred in these parts during this period.

*South-west monsoon.*—The monsoon was a few days late in reaching the coast districts but its extension inland was exceedingly slow and it did not reach the United Provinces and north-west India until the 21st July. From this date until the 24th August the monsoon was very vigorous in all parts of the country and the rainfall was well distributed, but during the last week of August the monsoon withdrew abruptly and by the 30th of the month was confined to Burma, north-west India and the Peninsula. The monsoon continued its retreat during September and the Arabian Sea branch was very weak, in consequence very little rain fell outside of Burma, north-east India and the Peninsula.

The aggregate precipitation of the period was more or less below normal throughout the country with the exception of Lower Burma, Assam, Orissa, Chota Nagpur, Baluchistan, Sind, Rajputana West, Mysore, the Bombay Deccan, Malabar and the Konkan. The proportional defect was moderate in amount in the Bay Islands, Upper Burma, the Punjab East and North, and Central India East and was large in the United Provinces, which obtained about half their average supply. In Upper Burma and the United Provinces West the defect was shown in all the four months of the season.



On the mean of the whole country the monsoon rainfall was 9 per cent. short of the normal.

*The retreating monsoon period.*—Weather during this period was almost as dry as in the corresponding seasons of 1899 and 1900. The Bay current was much weaker than usual during October and November, and in the latter month was determined chiefly to the Bay Islands to which it gave excessive rain. As happened in 1906 a considerable revival of the activity of the monsoon in the Bay occurred in December and in conjunction with a cyclonic storm from the Bay and unsettled conditions from the Central Provinces produced widespread and, for the time of year, heavy rain over the greater part of north-east India, of Burma and on the north Madras coast. The final burst of monsoon rainfall occurred between the 13th and 20th, and was restricted mainly to the south of the Peninsula. The complete withdrawal of humid monsoon winds from the Bay accordingly took place a few days later than usual.

In north-west India and the Persian region the weather was unusually quiet and dry, and at the close of December there were no indications of an immediate change.

The data of the meteorological stations show that absolutely no rain fell throughout the period in the United Provinces, the Punjab, the North-West Frontier Province, Rajputana, Sind, and but little in Central India. Over the rest of the country more or less rain was received, chiefly in December; but even there it was below the average except in Burma and the Bay Islands. The actual deficiency ranged between two and four inches over the greater part of north-east India and of the Peninsula, and was absolutely greatest in Orissa and the Konkan where it averaged five inches.

As is usually the case during periods of scanty precipitation the air was drier, skies less clouded and temperature higher than the average over a large part of the country.

#### *Monthly Summaries.*

*January.*—The weather was comparatively warm and dry and the skies clear over the greater part of northern India, and no very marked depressions occurred in the winter storm-track to give heavy rainfall in the plains or deep snowfall in the hills. Snowfall was generally light. In the Frontier Province however, and in the Punjab hills, precipitation was in excess, while in Assam and Burma rainfall was exceedingly abundant, and measured 215 and 363 per cent. respectively above normal. In the Peninsula rainfall was more or less in defect except in the south; temperature was normal and cloud proportion was almost uniformly high.

For the greater part of the month temperature was high in the north-west and warm waves spread over the whole of northern India between the 6th and the 9th and, after a spell of cooler weather, between the 19th and the 25th. High temperatures thereafter persisted until the 30th, on which day a cold wave began to traverse India eastwards from Sind.

*February.*—The weather during the month was chiefly characterized by excessive precipitation in northern and central India, caused by a series of cold weather depressions which crossed the country from Persia. On two occasions the depressions were followed by cold waves of moderate severity, and owing to



the disturbed character of the month maximum temperature was in large defect over northern and central India, but at night on account of the prevalence of cloud, temperature was nearly normal.

*March.*—Weather over northern India presented the same general characteristics as the preceding month, being very wet and cold. An exceptionally large number of cold weather disturbances crossed northern India, and in two cases they were accompanied by severe cold waves, maximum temperatures from  $20^{\circ}$  to  $28^{\circ}$  below normal being reported from many stations. The unusual number of disturbances, with the consequent wet and cloudy weather, caused abnormally low temperatures over the whole of northern India, the deficiency being much more marked in the maximum than in the minimum.

The rainfall of the month was in very large excess over Burma, north-east India, the United Provinces, the Punjab and Madras. In Burma where very little rain is usually received the heavy rainfall occurred most unseasonably.

*April.*—The first nine days of April had all the characteristics of the early ushering in of the hot weather but on the 10th a sudden change occurred and the rest of the month was abnormally wet over the whole country, excluding Burma and parts of north-east India; the greatest excesses of rain occurred in the United Provinces, the Punjab, Central India, the Central Provinces and the Deccan, areas that usually receive little rainfall in April. Temperature was in large defect over the greater part of northern and central India, the deficiency occurring chiefly in the maximum and amounting to  $8.5^{\circ}$  in the Punjab,  $6.9^{\circ}$  in the United Provinces,  $7.8^{\circ}$  in the Central Provinces, and  $7.3^{\circ}$  in Central India. Humidity both absolute and relative, and cloud proportion were greater than usual.

*May.*—The chief feature of the weather during May is the very high temperature that prevails over the whole country, but especially in northern and central India; this year however this feature was not as strongly pronounced as usual, and both day and night temperatures were below normal in north-west India and the central portions of the country during almost the whole month.

There were two feeble preliminary advances of the south-west monsoon into the Bay of Bengal, and they were accompanied by cyclonic storms of moderate intensity. The first storm formed over the Andaman Sea and on the 4th crossed the Tenasserim coast near Moulmein where it gave about 26 inches of rain, mostly in one day. The other storm formed over the south of the Bay and crossed the Arakan coast north of Diamond Island on the 15th; it caused general and moderately heavy rain in Lower Burma. Rainfall was in moderate to large defect over the whole country except in Lower Burma where the two storms gave a large excess.

*June.*—During the first advance of the monsoon in the Arabian Sea a severe cyclonic storm formed at some distance from the coast and passed over Karachi: it then travelled up the valley of the Indus as a depression as far as the Punjab hills and gave widespread and heavy rain in Sind, the south-west Punjab, the North-West Frontier Province and Baluchistan. The second advance of the Arabian Sea current began on the 11th and it established



monsoon conditions on the west coast. In the Bay of Bengal two cyclonic storms of more than the usual severity formed, and gave moderately heavy and general rain over north-east India.

The monsoon set in on the west coast, the east coast, north-east India and Burma, about the usual date and the rainfall in these areas as well as in the remainder of Madras, in Mysore and Hyderabad approximated closely to the normal. The monsoon however did not penetrate into the United Provinces, the Punjab, Rajputana, Gujarat, Central India and the Central Provinces during the month; but owing to the storm which passed over Karachi travelling northwards the rainfall in Sind, the south-west Punjab, the North-West Frontier Province and Baluchistan was in very large excess; in the rest of this region rainfall was in very large defect, especially in the west of the United Provinces.

Temperature was high in the United Provinces, Central India and the Central Provinces, but owing to the snow in the mountains it was in large defect in Kashmir, Baluchistan and the neighbouring plains. Humidity and cloud were in marked defect over the United Provinces, Central India and the Central Provinces.

*July.*—The outstanding feature of the weather during July was the prolonged delay in the establishment of the monsoon over northern and central India west of Bengal with the consequent high temperatures and low humidities until the rains finally set in on the 20th. From this date until the end of the month rain fell in all parts of the country except in Sind, west Rajputana and parts of Madras, but it was not nearly sufficient to make up for the deficiency in the earlier part of the month. In the Peninsula, however, the rainfall was heavier than usual in most places and was over 60 per cent. in excess in the Madras Deccan; there was also an excess in Eastern Bengal and Assam, but in all other parts of India rainfall was in defect, the deficiency being very large in Orissa, Chota Nagpur, the United Provinces, the Punjab, Sind, Rajputana, the east of Central India and the Central Provinces excluding Berar.

*August.*—During the first three weeks of the month strongly marked monsoon conditions prevailed over the whole country except in the south-east of Madras and although three cyclonic storms formed in the Bay the second was the only one that succeeded in crossing the country into north-west India; this storm gave general and heavy rain to the south of its tract and a deluge of rain at Deesa and Mount Abu. Apart from this the rainfall occurred independently of cyclonic storms and was thus much more evenly distributed than usual. Rajputana, the south-west Punjab, Sind and Gujarat, the dry regions, received relatively to the normal the heaviest rainfall.

During the last ten days of the month the monsoon currents weakened and withdrew entirely from north-west India, the United Provinces, Central India and the Central Provinces. The rainfall of the month was in large defect in the Madras Deccan and south-east Madras, areas that usually receive a fair amount of rain in August, and there was also a deficiency in Upper Burma, Eastern Bengal and Assam, Bengal and Bihar, but over the rest of the country the rainfall was generally in excess, the only important exception being the United Provinces which barely received the normal amount. The rainfall for the whole country was 22 per cent. in excess and was the heaviest on record for August since 1900. The departures from normal of temperature, humidity and cloud were largely determined by the rainfall and were generally small and of little significance.



*September.*—The chief feature of the meteorology of September was the extreme weakness of the monsoon currents throughout the month with the consequent scantiness of rainfall over by far the greater part of the country. From the whole of northern India, excluding the north-east, the monsoon had withdrawn during the last week in August, and north west India, the United Provinces and the east of Central India received almost no rainfall; instead westerly winds prevailed in the last two areas as well in the east Punjab, and in consequence the moisture in the air was much less than normal and temperature was in excess. In the west of Central India and in the Central Provinces rain fell on several days during the month, especially from the 9th to the 11th in the latter area, but the total fall for the month was far short of the normal and the air was drier and hotter than usual.

In Burma and north-east India monsoon conditions prevailed throughout the month and three feeble depressions developed. They materially increased the activity of the Bay monsoon and rainfall was widespread in these areas. In Upper Burma, the Thayetmyo, Yamethin, Minbu and Mandalay districts received a very scanty supply of rain, but otherwise the rainfall in Burma and north-east India was approximately normal. In the Peninsula the monsoon though generally weak was most active in the interior districts during the last ten days, but the rainfall for the month was in large defect except in Mysore and south-east Madras.

*October.*—October like September was characterized by the general weakness and gradual retreat southward of the monsoon so that by the end of the month rainfall was confined to south Burma and the south of the Peninsula.

Two cyclonic storms formed in the Bay during the month and the first was the cause of heavy rain over the whole of Burma, while the second gave good rain in south Burma. Burma was thus the only large political division that received more than the normal amount of rain, and in Malabar and south-east Madras the total fall was not much below the average, but in the rest of India the deficiency was very large and in the United Provinces, Central India, the Central Provinces and Hyderabad no rain fell during the month; this in view of the previous drought was important as these areas usually receive a fair amount of rain. In north-west India, there was also no rainfall but the normal amount is quite insignificant.

Except in Burma and south India where monsoon conditions prevailed during the month temperature during the day time was in excess, the excess being large in the United Provinces and the central parts of the country, and in these areas in consequence of the total absence of rain the air was much drier than usual and the skies comparatively free from cloud; in north-east India the cloud proportion at 8 hrs. was also in large defect.

*November.*—The monsoon which by the end of October had retreated as far south as the Andaman Islands and south India was very active in these parts throughout the month, and being assisted by a series of four cyclonic storms which passed westward from the Andamans to south Madras, gave a large excess of rainfall in south Madras and the Madras Deccan. Two of the storms had sufficient vitality to pass out into the Arabian Sea and after the second had disappeared in the Arabian Sea an area of low pressure appeared over the head of the Peninsula; it travelled eastward and as favourable conditions had been

established by the previous depression, it caused a good burst of rain over Hyderabad, the Central Provinces and adjacent districts of Central India. There was also heavy rain in the Andaman Islands but over the rest of India weather was dry with clear skies; higher day temperature and lower humidities than usual.

*December.*—No cold weather depression of any importance from a rain-producing point of view crossed into north-west India from the west during the month, and weather was in consequence dry over north-west India, the United Provinces and Central India, except that light precipitation occurred in Kashmir and Baluchistan at the end of the month. The unsettled weather in the Central Provinces at the end of November was propagated eastward into Burma and in conjunction with a cyclonic storm in the south-east of the Bay gave heavy and general but most unseasonable rain over Burma, excluding Tenasserim. Weather again became unsettled in the east of the Central Provinces about the 11th and this time the disturbance passed into north-east India where it caused moderately heavy rain except in the north-western districts, and also gave good rain on the north Madras coast. In south India wet weather conditions prevailed from the 13th to the 22nd, and by the latter date the monsoon had retreated from the Indian area. Temperature was generally normal but in northern India the minimum showed a slight defect in many parts, while cloud and humidity were less than usual over a large part of the country.



## SECTION II.

### EUROPEAN ARMY OF INDIA.

2. The average daily strength of the European army of India during 1907, India, Appendices A and B to Section II, Tables I, III and LIII. excluding officers, was 69,332. Apart from the prevalence of plague, which scarcely affects the statistics of troops, the year was not an unhealthy one for the general population of the country, and as regards the health of the European troops it will be seen

India.	All causes. Ratios per 1,000.		
	1901-05.	1906.	1907.
Admissions ...	983.7	870.8	756.4
Constantly sick ...	60.7	51.4	46.4
Deaths ...	12.11	10.43	8.18
Invalids ...	32.09	28.36	25.50

from the statement in the margin that the rates of admission to hospital, of constantly sick, of mortality and of invaliding among them were all much lower than those of the previous year and of the antecedent quinquennium; the first three rates were, indeed, the lowest ever recorded among the European army in India. The decrease in sickness was due chiefly to fewer admissions on account of venereal diseases, ague and simple continued fever (the chief causes of sickness during the year), but nearly all

the more important diseases were less prevalent than in 1906.

The principal causes of death were, as usual, enteric fever and abscess of the liver. Excluding the mortality caused by these two diseases the death rate for the year was only 4.40 per thousand, a rate which is scarcely more than one and a half times as high as the similar rate usually recorded among troops serving in the United Kingdom. The mortality from each of the more important diseases except tubercle of the lungs was lower than in the previous year.

The chief causes of invaliding were, in order, ague, debility, tubercle of the lungs, valvular disease of the heart, enteric fever, disordered action of the heart, and syphilis, these causes together accounting for 889 invalidings (one half of the total number) as compared with 939 in 1906. The number of men sent home on account of ague rose from 135 in 1906 to 266 and on account of tubercle of the lungs from 92 to 107, but only 76 men were invalided for syphilis and 86 for enteric fever, as compared with 120 and 115 respectively in the previous year.

If the marginal tables in the first paragraphs of this and the following section be compared, it will be seen that the admission rate among European troops during 1907 was nearly one and a quarter times as high as that among Native troops, that the constantly sick rate was more than twice as high, and that the invaliding rate was more than four times as high. The death rates among European troops and Native troops were respectively 8.18 and 6.27 per mille, but these rates are not fairly comparable (see paragraph 27 in section III).

3. It will be noticed that in the statistical tables appended to this report the abstracts of the figures are arranged this year under the headings Northern and Southern Armies instead of under those of the three Commands and two

Northern and Southern Armies.  
Divisions. Stations. Appendix A and  
Tables I, III, IV and V.



Divisions, as in the reports from 1904 to 1906. This change is due to the orders contained in India Army Order No. 204, dated the 11th of May 1907. At different times during recent years changes of a similar nature have had to be made in the arrangement of the tabular summaries or abstracts, and in order that those who wish to do so may be in a position to compare the health statistics as at present arranged with those in previous reports, tables are given in Appendix H which show the geographical areas and stations included under the different headings which from time to time have been used.

The relative healthiness of the troops comprising the Northern and Southern Armies can be ascertained very easily with the aid of Appendix A to this section, and although the administrative change just referred to did not come into force until the 1st of June 1907, the statistics have been worked out as if it had come into force on the 1st of January 1906, so that the comparison can be made for two years. It will be seen that during both years there was more ill-health among the troops which now comprise the Southern Army than among those of the Northern, and that the higher rate of invaliding in the Southern Army is especially noteworthy. The statistics in Table I of the standard tables show that in 1907 venereal diseases, simple continued fever, dysentery, diarrhoea and enteric fever were the diseases which caused the admission rate among troops of the Southern Army to be higher than that among those of the Northern Army; nearly all the other chief diseases were less prevalent in the Southern Army. The death rate from all causes was fractionally lower in the Southern than in the Northern Army, due almost entirely to the smaller mortality from heat-stroke, tubercle of the lungs and pneumonia; the mortality from enteric fever, hepatic abscess, and most of the other chief diseases was higher in the Southern Army. As regards the Divisions (Appendix A) the statistics of the 1st (Peshawar) Division were the least favourable during 1907, the rates of admission to hospital, of constantly sick, and of mortality being respectively 1158, 61 and 5 per thousand. The 9th (Secunderabad) Division stands next in the list with an admission rate of 780, a constantly sick rate of 62, and a death rate of 8 per thousand; and the 7th (Meerut) Division next with rates of 821, 52 and 10 per thousand respectively. As in 1905 and 1906 the health of the European troops in the 2nd (Rawalpindi) Division and the 3rd (Lahore) Division was better than in the other Divisions during 1907.

This year seven stations, namely, Fort William, Barrackpore, Rurki, Ferozepore, Amritsar, Agra, and Ahmednagar come in the list of those which, according to the statistical method adopted in this report, are to be regarded as having been most unhealthy during the year. Full abstracts of the cantonment sanitary reports on these stations will be found in Table V, and it is not necessary to do more than mention them here. As regards the prevalence of important diseases in the larger plains stations (those where the average annual strength was 500 or more) the incidence of enteric fever was greatest at Jhansi, Bangalore, Ahmednagar and Agra; of malarial fevers at Nowshera, Nasirabad, Peshawar and Ferozepore; of dysentery at Madras, Mhow, Fyzabad and Secunderabad; and of venereal diseases at Fort William, Madras, Bellary and Agra.

4. In Appendix B to this section and in Table II of the standard tables will be found the statistics of European troops arranged according to the geographical areas into which
- Geographical groups.



India has been divided for the purposes of this report (see the map of India which accompanies this volume). It will be seen that the admission rates were lower than in 1906 in all the geographical groups, and that the constantly sick rates were lower in all except groups XI (Southern India) and XII *b* (Hill Depots). In attempting to compare the relative healthiness of different groups we are met with the difficulty that the average strength varied in 1907 between 1,294 in the Burma Coast group (I) and 13,391 in the Upper Sub-Himalaya group (VI), and in groups where the strength is low a slight increase or decrease in the number of deaths alters the death rates considerably. Taking this difficulty into consideration, however, we may say that during 1907 groups IV (Bengal—Orissa) and VIII (Central India) were the most unhealthy for European troops, and that the Hill Stations (XII *a*) were the most healthy; this is in accord with general experience. Ague was most prevalent among the troops located in the Indus Valley, the Central India and the Upper Sub-Himalaya groups, simple continued fever among those in the Burma Coast group, and enteric fever among those in the Central India group.

5. Influenza caused an admission rate of 12.5 per thousand among the European troops as compared with 11.4 per thousand in the previous year and 14.2 in 1905. The disease was confined almost entirely to the troops of the Northern Army, those located in group VII (Indus Valley) being affected to the extent of ninety per thousand of their strength. Cases were reported from forty-five stations, but in most the number was very small, and Peshawar, Cherat and Nowshera were the only stations in which the disease prevailed in epidemic form. In Peshawar the disease was present throughout the year, but of the 262 cases more than half occurred during the months of May, June and October. Cherat is a hill station at an elevation of about 4,500 feet; cases of influenza occurred soon after the arrival of troops from Peshawar. The disease spread rapidly, and during July and August 99 patients suffering from it were admitted to hospital. The outbreak was over by the middle of October. At Nowshera there were 145 cases admitted into hospital, chiefly during the months of May, August and October. In most stations the disease was of a mild type, and many men who suffered from it did not report sick; no case was fatal during the year.

6. Cholera was less prevalent and less wide spread among the general population of India than in 1906, and only three cases (with two deaths) occurred among the European troops during the year, the number being, with the exception of that in 1899 when only one case occurred, the lowest on record. Cawnpore, Amritsar and Colaba were the stations in which a case of the disease occurred. In no instance was the source of infection discovered.

7. Small-pox was also less prevalent in India, and there was a marked decrease in the number of cases among European troops, only thirty admissions to hospital and one death being recorded as compared with 87 admissions and four deaths in 1906. Sixteen of the cases occurred among men who had not been successfully re-vaccinated. One or more cases were recorded in thirteen stations; there were seven at Multan, four at Calcutta, four at Secunderabad, three at Jullundur, two at Quetta, and one at each of eight other stations. Two cases occurred among troops on the line of march. The incidence of the disease at Multan is interesting



inasmuch as all the patients were attacked during the same fortnight. It is said that the infection was definitely traced to the native washermen who were in the habit of taking clothing which had been washed, but not dried, into houses in the infected native quarter of the town, and that as soon as this practice was stopped the outbreak ceased. The patient who died at Ahmednagar had been vaccinated in infancy, but had not been re-vaccinated.

8. The monsoon rains of 1907 ceased early and the autumn was very dry, so that malarial fevers were not so prevalent as usual. Among European troops the number of admissions to hospital on account of intermittent fever fell from 12,380 (176 per thousand) in 1906 to 10,538 (152 per thousand), and the number of deaths from sixteen to nine. Native troops, and prisoners also suffered less severely than in the previous year. Malarial fevers were more prevalent among the troops of the Northern than of the Southern Army, and as regards the Divisions the highest admission rates were recorded as usual among troops in the 1st (Peshawar) Division, 5th (Mhow) Division and the 4th (Quetta) Division. The most malarious geographical groups were the Indus Valley, Central India and the Upper Sub-Himalaya groups. Finally, as regards stations, it may be noted that excluding the Hill Stations (in which of course the admissions are almost entirely on account of relapses) a diminished prevalence among European troops as compared with the previous year was recorded in thirty-seven stations, and an increased prevalence in only twenty-eight; and that omitting stations with an average strength below 200 the highest rates were recorded at Nowshera, Hyderabad (Sind), Nasirabad, Peshawar, Delhi, Ferozepore, and Barrackpore. The admission rates in all these stations were above 320 per thousand, but in all except Ferozepore they were lower than in 1906.

The number of admissions recorded under the heading remittent fever during 1907 was 124, and the number of deaths five as compared with 240 admissions and five deaths in the previous year. The highest number of admissions in any station was 33 at Maymyo; the next highest numbers were eighteen at Agra, seventeen at Ferozepore, fourteen at Rangoon, seven at Port Blair, and six at Dinapore. In accordance with the instructions in the new edition of the Nomenclature of Diseases the heading will not appear in the statistical returns for 1908 and future years.

In the last issue of this report a table was given showing the extent to which the admissions recorded as due to simple continued fever have increased during recent years, and a second table made it plain that the increase is the result of a change in diagnostic procedure—a number of the cases which with the present method of diagnosis are recorded under the heading simple continued fever would have been returned, a few years ago, under the heading ague. This is doubtless true also as regards the statistics of 1907, for the number of admissions to hospital recorded as due to simple continued fever was 2,553, and the admission ratio 36·8 per thousand, which, though lower than in either of the two preceding years, is much higher than in any of the other years since 1898. It is obvious, of course, that in stations where it is the practice to return cases as malarial fever only when parasites are found at a microscopical examination of the blood the statistics must be affected in the manner indicated, but the important problems for solution are what proportion, if any, of the cases now returned

Intermittent and remittent malarial fevers, Simple continued fever. Appendix B. Tables IX, X, XI and LIII.



as simple continued fever are due to malaria, and what are the causes of the cases which cannot be shown to be due to that disease. Greater attention will probably be paid to these problems now the heading "Pyrexia of uncertain origin" replaces the heading "Simple continued fever" in statistical returns.

This year very few medical officers offer any remarks upon the subject of "simple continued fever," and for the most part those who do are content with the explanation that the disease is due to digestive troubles or to exposure to the sun. In most cases the blood was examined for malaria parasites, and in a few the serum test for enteric fever was also carried out, the results of both these diagnostic methods being negative. The reports upon malaria are, as usual, very full, and it is evident that in most stations every detail in connexion with the prevention of this disease receives attention. At the Divisional laboratories 6,633 films of blood were examined for malaria parasites, with a positive result in 2,415 instances or 36·4 per cent. As regards the species of parasite found, 78 per cent. were *Benign Tertian*, 19 per cent. were *Malignant Tertian*, and about 1·2 per cent. were *Quartan*. These results are very similar to those obtained in the previous year and in 1905, and it must now be regarded as established that among European troops in India the *Benign Tertian* parasite is by far the commonest. The practice of relying entirely upon the result of a microscopic examination of the blood for a diagnosis of malaria was not adopted so generally as in the previous year, chiefly because the result was negative in so many instances. In most stations the negative results were attributed to the general use of quinine for prophylactic purposes, and in some to the infections being less severe than in very malarious years. The latter hypothesis receives some support from the fact that there were 4,942 cases of ague treated in barracks during the year as compared with 4,317 during 1906, a very malarious year. The treatment of cases in barracks instead of in hospital affects the statistics considerably, because such cases are not shown as admissions to hospital; if they were included the admission rate from ague among European troops in 1907 would have been 223 per thousand instead of 152, and from simple continued fever it would have been 46·2 instead of 36·8. The treatment and especially the "after-treatment" of patients suffering from malaria is now carried out much more thoroughly than formerly; treatment by intramuscular injections of quinine is adopted for severe cases in a number of stations, and in nearly all stations the after-treatment of patients is continued for at least six weeks after their discharge from hospital. This practice has reduced considerably the number of re-admissions on account of relapses, and has therefore been an important factor in reducing the admission rate. At Bareilly there were only seven instances of re-admission to hospital among 63 primary cases, and at Ahmednagar there was no re-admission among 36 cases. As regards the prevention of primary attacks it is being realised that for the European soldier measures of prophylaxis "for the individual" are of most service, and in some stations a distinct advance has been made in this connexion by the provision of mosquito curtains to all European soldiers. When it is stated that soldiers in stations with climates so widely different as are those of Peshawar, Delhi, Agra, Dum Dum, Colaba, Bhamo and Rangoon, willingly and intelligently used the mosquito curtains provided for them, and that many soldiers in these and other stations purchased curtains at their own expense, it will be appreciated that there can be few, if any, stations in India where the heat is such that soldiers would object to use nets. At Delhi, Agra and a few other stations



the nets were issued to the men free, but at Peshawar men of one regiment provided them at their own expense aided by a grant of one rupee per man from institute funds, and at Colaba a portion of the "mosquito fund" was utilized for this purpose, and other nets were purchased by a grant from the regimental funds of one regiment. The measure is especially necessary in forts, such as those at Ferozepore and Lahore, located in cities where anti-mosquito operations cannot be carried out. The garrison in these forts consists of a company or more of soldiers from the cantonments and is changed every month. It is obvious, of course, that the good results which may be obtained by extensive anti-mosquito and other anti-malarial operations in the cantonments are to a great extent minimised by the fact that in the course of a year a large number of men must become infected during their tour of duty in the fort. The other measure of personal prevention most extensively practised was the administration of prophylactic doses of quinine. In by far the greater number of stations the doses for this purpose were ten grains of the sulphate given either in the liquid form or as tablets on two days in each week, but at Attock, Khan Spur, and Delhi, the same dose was given three times a week, and at Colaba once a week; at Karachi and Neemuch the dose was fifteen grains given twice a week and at Hyderabad (Sind) it was eight grains given once a week. In a few stations the measure was adopted only for men who had previously suffered from malaria. Operations for the destruction of mosquitoes were, as usual, carried out with much attention to detail in nearly all stations on the plains, and in a few stations surface drainage works of permanent benefit were initiated. Among other methods which were tried for the prevention of malaria may be mentioned the practice of keeping troops in hill stations until the malarial season on the plains was over, the removal of troops into camp during the malarial season (an application of the principle known as "the segregation of Europeans"), the fumigation of barrack rooms with sulphur every three weeks to destroy adult mosquitoes, the free distribution of quinine to natives living in the neighbourhood of barracks and to *punkah coolies* and servants, and the issue of printed instructions regarding the prevention of malaria to all inhabitants of cantonments.

9. Five admissions to hospital during 1907 were due to Malta fever as compared with seven in the previous year, four in 1905 and six in 1904. The stations in which the cases occurred in 1907 were Peshawar, Sialkot, Subathu and Chakrata. The patient at Peshawar had not been out of England until he came to India. Malarial fever and afterwards enteric fever were the diseases for which he was treated when first admitted to hospital and a month elapsed before the diagnosis was established by a serum test being made with a culture of the *Micrococcus melitensis*. The test was positive in a dilution of 1 in 400. The case at Sialkot was a relapse of an attack in Egypt in 1898. The *Micrococcus melitensis* was recovered from the blood of this patient. The infection in the case at Subathu is said to have been contracted from drinking goat's milk while the patient was in hospital at Port Said.

10. It is now some fourteen or more years since the practice was begun of summarizing in this place the current year's literature upon enteric fever. There is considerable evidence that the yearly commentary and the list of references upon which it



is based have proved of service to workers in India and even in England, but on account of the great increase in the amount of new literature published during recent years and the highly technical nature of the methods of research which increased knowledge has made essential in the study of typhoid and allied fevers it is probable that before very long the task of continuing the commentary must be handed over to those whose daily studies are solely in connexion with bacteriological work. It is fortunate therefore that in the recently constituted Bacteriological Department of the Government of India we possess a band of workers who are competent to carry on in a thorough and adequate manner the necessarily brief and in other respects imperfect summaries which for so long have served their purpose in this report.

Last year an attempt was made to deal in some detail with all the subjects connected with enteric fever which have become of fundamental importance as a result of discoveries reported since the epoch-making work of Koch and his followers gave a new impulse to the study of problems in the etiology, diagnosis, and prevention of the disease. The literature since published contains no contribution which alters radically the conceptions formed at that time and in the present summary we cannot perhaps do better than bring our knowledge regarding the subjects dealt with in that account up to date. At the same time we may include where necessary in our summary some further details of the results obtained by the Committee of Investigation at the Central Research Institute, Kasauli, the first report of which has been published as No. 32 of the Scientific Memoirs by officers of the Medical and Sanitary Departments of the Government of India.

Paratyphoid fever was the first subject discussed in last year's summary and as regards the clinical account there given it is necessary to say that although in a few cases it is possible to make a diagnosis of the disease from the clinical signs and symptoms, most observers are now agreed that in the great majority of cases paratyphoid fever can be diagnosed accurately only by isolating the bacillus from the blood<sup>1</sup>. Six cases occurring in India, four of which were due to the bacillus of type A (Brion and Kayser) and two to the bacillus of type B (Schottmüller)—are described in the report by Lieutenant-Colonel Semple and Captain Greig of the results of the Indian investigations. Three of the cases had been diagnosed clinically as typhoid fever. Apparently in the other cases the diagnosis was established by the bacteriological examination before a definite diagnosis by clinical methods had been made. One case is said to have been due to a mixed infection with typhoid and paratyphoid bacilli. Although from the small number of cases discovered by the Committee it would seem that paratyphoid fevers are rare in India it is evident that in this country as in others the clinical term enteric fever represents not a single pathological condition but a group of closely allied diseases caused by infections with different organisms. A considerable part of the research work now being carried on in Germany and other countries is concerned with the methods of differentiating and identifying these organisms<sup>2</sup>. It is realised, of course, that all the bacilli which in different cases are proved to be the cause of typhoid fever, paratyphoid fever, or meat poisoning, belong to one family, but it is disputed whether some of the organisms are sufficiently different for them to be ranked as distinct species. Forms which differ in more or less important respects from those previously known are discovered frequently<sup>3</sup> but in bacteriology as in other sciences the danger of "species making" has to be guarded against. It has to be remembered that all the recently discovered



organisms represent connecting links between the colon and typhoid bacilli and some observers go so far as to believe in the possibility that the colon bacillus can become converted into the typhoid bacillus, the paratyphoid bacilli and others being intermediate stages in the change<sup>4</sup>. The observations of Altschuler<sup>5</sup>, of Tarchetti<sup>6</sup> and of Almquist<sup>7</sup> are of interest in this connexion. Until the problem is settled by those who are best qualified to do so it is necessary for those not actually engaged in the investigations to preserve an open mind. It is satisfactory that at the International Congress of Hygiene held at Berlin in September 1907 a resolution was adopted for the formation of an International Commission to work simultaneously at the problem of the various bacilli of the typhoid family and seven institutes, *viz.*, the *Institut für Bakteriologie*, Bukarest, the *Serotherapeutische Institut*, Wien, the *Institut Pasteur*, Paris, the *Lister Institute of Preventive Medicine*, London, the *Kaiserliche Gesundheitsamt* and the *Institut für Infektionskrankheiten*, Berlin, were named as those at which the observations should be carried out<sup>8</sup>. At this Congress Loeffler suggested *Typhaceæ* as a suitable name for the family and proposed that by the use of two special culture media—one for the typhoid, the other for the paratyphoid groups of bacilli—the members of the family should be divided into three sub-families called respectively *Typhæ* (containing five forms) *Paratyphæ* (containing eight forms) and *Coliæ* (containing two forms)<sup>9</sup>. So far as the paratyphoid bacilli, which possess the greatest interest at present, are concerned the most important observation to be recorded is the finding of bacilli of the B group of paratyphoid bacilli in situations outside the human body. Forster<sup>10</sup> is reported to have found these bacilli in water which could not have been contaminated by persons suffering from paratyphoid fever, Uhlenhuth<sup>11</sup> reports that he has found them in the intestines of normal pigs, Rimpau<sup>12</sup> reports the finding of them in a German sausage and Hübener<sup>13</sup> reports that he found them in six of 100 samples of milk, meat and sausages. The cultures of the bacilli found by Hübener were pathogenic for mice and there is little or no doubt that some of the paratyphoid fevers of man are caused by organisms which are the cause of certain diseases in the lower animals, a subject which was referred to in more detail in last year's summary. Epidemics of paratyphoid fever and food poisoning have been reported since the last issue of this report by Baehr,<sup>14</sup> Gœbel,<sup>15</sup> Trincas and Olla<sup>16</sup> and others. The epidemic described by Gœbel was due to eating food prepared from the flesh of a horse which had died from disease. A bacillus allied to the Aertryck type was isolated from the organs of a fatal case and from the meat used. The cases described by Trincas and Olla were due to eating cheese in which a bacillus allied to the *B. fœcalis alkaligenes* was found. The subject of mixed infections with typhoid and paratyphoid bacilli, about which little or nothing is known, has been dealt with by Beckers<sup>17</sup> and that of mixed infections with the typhoid bacillus and streptococci, staphylococci, pneumococci and other organisms by Port<sup>18</sup>.

Typhoid and paratyphoid bacilli have been found in many and varied forms of disease and for some years it has been fully realised that if the methods of extirpation and prevention which recent discoveries have shown to be necessary are to be carried out efficiently we can no longer rely upon clinical methods for the discovery of all persons who harbour the bacilli. The different bacteriological methods of diagnosis in common use were dealt with at length in last year's summary but before adding the results of the current year's work to that account we may

**Bacteriological methods of diagnosis.**



detail what is known regarding Professor Chantemesse's "ophthalmic reaction test" which, since it has to do with certain signs observed in the patient, perhaps more appropriately comes under the heading of clinical rather than bacteriological methods of diagnosis.

The toxin used in this test is obtained from cultures 18 to 20 hours old of virulent typhoid bacilli. The culture is washed off the medium with sterile water and the fluid thus obtained is heated to 60° C. and then centrifuged. After drawing off the supernatant liquid the bacilli are dried and triturated. The broken up bacilli are again mixed with water and allowed to remain at 60° C. for a few days. The extract thus obtained is precipitated with absolute alcohol and the precipitate dried, powdered, and dissolved in sterile water in the proportion of 8 to 10 milligrams to 1 cubic centimetre. One drop of this solution is used in the test in the same manner as in the ophthalmic test for tuberculosis. From two to three hours after instillation there appears a diffuse redness of the conjunctiva which attains its maximum intensity in six or eight hours, by which time a yellowish-white muco-purulent discharge has collected at the inner canthus. The essential part of the test lies in the persistence of the signs for 24 hours or more. A positive result was obtained by Chantemesse in 70 proved typhoid cases and a negative result in 50 cases of other diseases. In eight cases the test was positive some days before a positive result could be obtained by the agglutination test and according to Chantemesse it is in the early diagnosis of cases that the special value of the method lies. Hamburger in Chicago using a simpler method of obtaining the typhoid toxin has tried the test in 48 cases of disease of which 27 were diagnosed clinically as typhoid fever, and has obtained results which agree closely with those of Chantemesse.<sup>2</sup> Ország in Budapest has also tried the test in a number of cases. He draws attention to the impossibility of arranging that the toxin used shall always be of the same strength and considers that for this reason the test is not at present applicable to clinical work. He found, however, that a positive reaction after 24 hours was obtained in nearly all the cases of typhoid fever in which the test was applied and a negative reaction in nearly all the cases of other diseases, and concluded that a negative reaction at the end of 24 hours means very probably that the patient is not suffering from typhoid fever<sup>3</sup>.

Last year attention was drawn to the uses and limitations of the Widal test as a method of diagnosis and to the precautions which must be taken to avoid erroneous conclusions being drawn from the results obtained. As regards the use of the test in India these precautions are emphasized in the report of the Committee of Investigation. The examination of the blood of 416 healthy European soldiers who had not been inoculated and in whom no history of an attack of enteric fever could be obtained showed that an entirely negative result was obtained in only 40 per cent; in the remainder the test was positive in dilutions varying from 1 in 10 to 1 in 40. Secondly, the examination of a number of men who had been inoculated recently showed that an entirely negative result was obtained in only 11 per cent.; in 43 per cent. the test was positive in a dilution of 1 in 40 and in the remainder in dilutions varying from 1 in 10 to 1 in 160. Thirdly in the examination of 203 healthy native adults and children an entirely negative result was obtained in only 53 cases; a complete reaction was obtained in a dilution of 1 in 10 in 65 cases and in a dilution of 1 in 20 in 44 cases. In a few cases complete



reactions in dilutions of from 1 in 40 to 1 in 120 were obtained. These results show that as regards Europeans and natives in India the test is of little or no value in the diagnosis of typhoid fever unless it is positive in dilutions considerably higher than 1 in 40 and that to be of value in the case of soldiers recently inoculated it must be positive in dilutions above 1 in 160. The experiments showed also that in soldiers recently convalescent after attacks of enteric fever a completely positive reaction in a dilution over 1 in 40 could be obtained in only 18 out of 137 cases, so that according to these results the test cannot be relied upon for discovering such people. Again in the case of several persons who by the isolation of typhoid bacilli from their excreta were proved to be chronic bacillus-carriers a positive reaction with the test could not be obtained in a dilution above 1 in 40 so that for the discovery of such people also it is not always of service. Finally, as regards the differential diagnosis between typhoid and paratyphoid fevers the phenomenon of co-agglutination or group agglutination, which was discussed in some detail in last year's summary, has to be taken into consideration for in several cases in which a paratyphoid bacillus was isolated from the blood the Widal test with a culture of the typhoid bacillus was positive in dilutions of 1 in 80 and in one case in a dilution of 1 in 320.

These results in general are in agreement with those of most observers; they show that the Widal test is one which should be carried out and interpreted not by the clinician but by the bacteriologist, who alone possesses, as a rule, the experience necessary for the correct interpretation of a positive or negative result with particular dilutions of serum. In the hands of bacteriologists the test still possesses great value and this must always remain so, not only because when carried out and interpreted in a manner which prevents the possibility of fallacy it is a sure indication of present or past typhoid infection, but because it is often of great service when other methods of diagnosis fail. Veil' brings out this advantage clearly in a recent article in which he compares the relative value in diagnosis of the method of blood culture and of the agglutination test on the basis of an arbitrary classification of cases of typhoid fever into mild, moderately severe, and severe. He arrives at the following conclusions. During the first week of the disease the prospect of success is greater with the blood culture method than with the agglutination test and especially so in severe cases. During the second week, however, the reverse holds good and in mild cases a positive result with the Widal test is almost certain. During the third week and later the results of the method of blood culture are always uncertain, while the prospect of success with the agglutination test remains about the same as during the second week. According to Brion and Kayser<sup>2</sup> the test fails during the third week of typhoid fever in only 5 per cent. of cases. The Committee of Investigation in India also draw attention to the value of the test during the later stages of the disease when the bacilli have left the blood.

In the diagnosis of paratyphoid fever the Widal test cannot be relied upon to the same extent as in the diagnosis of typhoid fever and most bacteriologists agree that a diagnosis of paratyphoid fever should not be made unless a paratyphoid bacillus has been isolated from the blood or excreta of the patient<sup>3</sup>.

The isolation of the bacillus from the peripheral blood continues to be regarded as the best method of diagnosis during the early stages of typhoid or paratyphoid fever. To obtain successful results it is essential that the blood should be withdrawn

<sup>2</sup> The isolation of the bacillus from the blood.



under strictly aseptic precautions, that it should be withdrawn early in the course of the disease, and that the amount of blood used should be moderately large. The earlier the specimen is taken and the larger the amount of blood employed the greater is the chance of success. Many physicians and even many surgeons consider that except when patients are being treated in large hospitals the operation of withdrawing the necessary amount of blood from a vein cannot often be undertaken, and it is therefore necessary to emphasize the fact that the operation is an extremely simple one which, when properly performed, causes less pain and inconvenience to the patient than the endeavour to obtain from the finger of a very anæmic patient a sufficient amount of blood for a Widal test. In the routine examinations made by the Committee of Investigation in India 5 c. c. of blood is the amount usually withdrawn and this amount is injected into small bottles containing about 20 c. c. of Conradi's ox-bile medium, the composition of which was given in last year's summary. After incubation a few drops of the contents of the bottle are plated on Drigalski plates and incubated at 37° C., and next day the colonies are examined and tested. By this method the Committee were able as regards 35 cases of suspected enteric fever to isolate the *B. typhosus* from the blood in 29 and the *B. paratyphosus* type A. in 3, thus leaving only three cases in which the result of this method of diagnosis was negative. In a number of cases the diagnosis was established on the day following the admission of the patient into hospital.

In view of the fact that some clinicians are unwilling or do not consider it justifiable to withdraw blood for diagnostic purposes from a vein several observers have tested the method of blood culture with small quantities of blood obtained by puncture of the lobe of the ear or the pulp of the finger, and Conradi has devised a puncture needle by the use of which 1 c. c. or more of blood can usually be obtained without much difficulty. Zeidler<sup>1</sup> reports the following results obtained in a hospital in St. Petersburg. He used tubes containing 5 c. c. of ox-bile to which 30 drops (roughly about 2 c. c.) of blood obtained by puncturing the pulp of the finger was added. The tubes were kept at 37° C. for 12-24 hours and the culture plated out on Loeffler's malachite green agar. The 4th was the earliest day of the disease at which the blood specimens were taken and the 25th the latest. In all 51 specimens were examined. The typhoid bacillus was isolated in 100 per cent. of cases (22 in number) examined during the first week of the disease, in 94 per cent. of those examined during the first half of the second week, in 43 per cent. of those examined during the second half of the second week and in none of those examined during the third and fourth weeks. These results agree closely with those of Kayser<sup>2</sup> who, using 5 c. c. of ox-bile and 2.5 c. c. of blood obtained, in the examination of 124 cases of typhoid and paratyphoid fever, a positive result in all cases investigated during the first week of the disease and in from 80 to 43 per cent. (according to the severity of the attack) of cases examined during the second week. Mabee and Taft<sup>3</sup> state that when the specimen of blood is taken early in the disease 1 c. c. is a sufficient quantity but that when taken later than the end of the first week a larger quantity gives more chance of success. They report positive results in 90 to 100 per cent. of cases examined during the first week and, in agreement with many other observers, consider that the simplicity of obtaining blood from the ear or finger warrants the general use of this method of diagnosis by practitioners.



The discovery by Muller and Gräf reported in last year's summary that it is possible to isolate the bacilli of typhoid and paratyphoid fevers from the coagula of blood sent for examination by the Widal test has led to a number of trials of this method of diagnosis being made and in some laboratories the investigation is carried out in addition to the Widal test as a routine measure<sup>4</sup>. Chiefly on account of the small amount of blood available and partly because specimens for the Widal test are often taken only at a somewhat late stage of the disease the results reported are not very good. Baumann and Rimpau<sup>5</sup> record trials with the specimens from twelve cases without a success, which they say is not to be wondered at in view of the fact that the amount of blood available was not as a rule more than  $\frac{1}{10}$ th of a c. c. The same observers report the results of 10 trials with fresh blood drawn from the lobe of the ear and immediately transferred to sterile ox-bile. Part of the blood obtained from the puncture was used for filling capsules for the Widal test so that not more than two-fifths of a c. c. of blood was available for the blood culture method. In only one case also was the specimen obtained during the first week of the disease and it is not surprising therefore that this was the only case in which a positive result was obtained. Venema<sup>6</sup> reports trials with 38 specimens sent for examination by the Widal test with only one success. He attributes the failures to the same reasons as are mentioned above. Kurpjuweit<sup>7</sup> who states that the amount of blood available in the Widal specimen tubes is generally .1 to .15 c. c. records the finding of Eberth's bacillus 11 times and of the paratyphoid bacillus type B once in 100 specimens. In several cases reported by him as well as by other observers<sup>8</sup> the bacilli were isolated from the blood clot although the serum in the same tube had no agglutinating action on a typhoid culture. The time is not far distant when, in view of the immense importance to a patient suffering from typhoid or paratyphoid fever of obtaining an accurate diagnosis at the earliest possible stage of his disease, clinicians in general will have overcome their scruples regarding the withdrawal of blood from a vein for this purpose and when this end is attained other methods for early diagnosis will possess little more than a scientific interest.

As a method of diagnosis during the early stages of typhoid or paratyphoid fever the search for the bacilli in the fæces or urine is of little or no value and even in late stages of the disease the method is always uncertain because the bacilli are not continuously present in these excreta but are present only at intervals which vary from a few days to as long as three months. The low percentage of positive results obtained by many investigators in this research<sup>1</sup> was formerly attributed to imperfect methods but it is now realised that the true explanation is as stated above; the bacilli are entirely absent from the fæces and urine except at irregular intervals. In the Indian investigations it was clearly shown that one might examine the fæces of a patient daily for 20 or more days without obtaining a positive result but that suddenly the bacilli would become very abundant, only to disappear entirely again after a day or two. In 1846 separate examinations of the fæces and urine of 18 patients carried out in these investigations the bacilli were isolated on only 292 occasions. Pratt, Peabody and Long<sup>2</sup> who, employing the most modern methods of research, were able to find the bacilli in the fæces in only 21 per cent. of their cases go so far as to say that although the bacilli may be continuously voided into the intestine in the bile they do not find conditions favourable to their growth in the intestinal contents and are largely destroyed



in the duodenum and jejunum. If this view is correct the importance of the urine (which as we learn from the Indian investigations is an excellent culture medium for the bacillus) as an infective agent becomes much greater than that of the fæces. In several of the cases reported by Lieutenant-Colonel Semple and Captain Greig the urine contained a pure culture of the typhoid bacillus, as many as 60 to 100 million bacilli per cubic centimetre being present. The excretion of the bacilli in the urine, however, is just as intermittent as in the fæces and for diagnostic purposes its examination is equally uncertain. The explanation of the intermittency in the excretion of bacilli in the fæces and urine is to be found in the observation that the liver and kidney are the storehouses of the bacilli. The bile is infected by deposits of bacilli in the liver and the urine by deposits in the kidney; and for so long as the bacilli in these deposits or foci are cut off from the bile or urine respectively, for as long will there result a bacilli free interval as regards the fæces or the urine.

In the Indian investigations it has been found that better results are obtained in the examination of fæces when the fæces are diluted considerably before being plated. The sample of fæces is diluted about 20 times with sterile normal salt solution and carefully mixed in a conical glass. The heavier material is allowed to settle for two or three hours and 1 or 2 c. c. of the supernatant fluid are then plated on three large plates of the Drigalski Conradi medium. This medium still holds its place in most laboratories as indispensable for the isolation of the typhoid bacillus but many workers use the different malachite green media (Lentz and Tietz, Loeffler) with success<sup>3</sup> and Peabody and Pratt<sup>4</sup> consider that the best results are obtained by planting the suspected material first in bouillon containing malachite green and 18 to 20 hours afterwards plating it on the Drigalski Conradi medium. The purity of the malachite green is of importance when this medium is employed, a point to which Loeffler and Vial<sup>5</sup> have drawn special attention.

Although the isolation of the bacilli from the fæces and urine is of little service as a method of diagnosis during the acute stage of the disease it is of course the only method of investigation which enables us to say when a patient who has suffered from enteric fever may be allowed out of quarantine and the only method by which bacillus-carriers can be discovered with certainty.

Manicatide<sup>1</sup> acting upon the knowledge that the path of infection in typhoid fever is by the mouth and that the first symptoms are often in connexion with the throat has searched for the bacillus in the secretions of the tonsils and pharynx. He states that he has examined 51 cases by this method and has isolated the typhoid bacillus 36 times or in 70 per cent. of the cases. The research takes from 48 to 72 hours and the only inconvenience to the patient is the introduction of the sterilized swab. He regards the method as of especial value in mild cases of fever in which the diagnosis is doubtful. If his results are confirmed the method will be a useful addition to the diagnostic procedures at present available.

Among problems in the epidemiology of the typhoid group of fevers the role of bacillus-carriers has held for several years by far the most important place, and the literature dealing with the subject has become enormous in amount and world-wide in distribution. Sufficiently complete accounts of the condition and its dangers were

<sup>1</sup> The isolation of the bacilli from the tonsils and pharynx.

<sup>2</sup> Epidemiology. Bacillus-carriers.



given in these reports for 1905 and 1906 and this year it will not be necessary to do more than draw attention to a few of the more striking among the many examples recently recorded. Of great interest to India is the proof furnished by the Committee of Investigation that outbreaks of typhoid fever among British troops in this country are often due to a bacillus-carrier being brought into contact with the food-supply of the troops. The following is one of the more conclusive instances recorded in the Committee's report. During August 1907 five cases of enteric fever occurred in a detachment of the Bedfordshire regiment stationed at Kasauli. All the patients contracted the disease about the same time. They lived in different rooms and the only conditions common to all were the food-supply and the latrine accommodation. The source of infection remained undiscovered until a bacteriological examination of the excreta of all the cooks and "contacts" in the detachment (42 in all) was made. The investigation proved that a cook of the detachment who was apparently in perfect health was excreting the typhoid bacillus in enormous numbers in his fæces. The man was isolated and no further case occurred in the detachment. It was probable that he had been a typhoid bacillus-carrier for nearly 10 years. Another very important observation made by the Committee of Investigation in India was that soldiers who are employed to nurse patients suffering from enteric fever may become bacillus-carriers without passing through an attack of the disease, and apparently this happens by no means infrequently for it was found to be the case with regard to three out of five nursing orderlies whose history is recorded in the report. The importance of this observation lies in the fact that under present rules soldiers are employed as nurses for periods of six months only, at the end of which they return to regimental duty and are replaced in the hospitals by other soldiers; it is obvious that in this way a number of bacillus-carriers are distributed throughout the various units of the British army in India.

Among the numerous contributions to the subject from other countries than India the examples of bacillus-carriers investigated by Scheller<sup>1</sup> and by Baumann<sup>2</sup> may be selected for brief reference first. Scheller gives details of two investigations in which the source of origin of cases of typhoid fever had, despite much enquiry, remained unknown for many years but was quickly discovered by observations directed to the finding of a carrier. The more striking relates to the conditions on an estate where typhoid fever had been endemic for 14 years during which 32 severe cases of the disease had occurred among the population of only 180 people. The villages in the neighbourhood of the estate were quite free from typhoid fever. Enquiry showed that the milk from the estate dairy was probably the vehicle of infection and on examination of those employed in the dairy a woman was found who was excreting typhoid bacilli in almost pure culture. She had suffered from typhoid fever 17 years before but had been employed in the dairy for only 14 years, the disease commencing to be endemic on the estate from the time of her arrival. No fewer than 18 "temporary" carriers (that is persons who excrete the bacilli without passing through an attack of typhoid fever) were found among the people connected with the work of the dairy. A month after measures had been taken with regard to all these carriers the woman (who, having suffered from an attack of typhoid fever, comes in the class styled "chronic" carriers) was the only one who still continued to excrete bacilli. It was almost certain that she had been, unwittingly, the cause directly or indirectly of all the sickness and deaths from typhoid fever which had occurred on the estate during the 14 years of her employment there. Baumann's



investigation well illustrates the fact now well recognised that the true explanation of the endemicity of typhoid fever in a district is the persistence of the bacilli in the bodies of one or more of the apparently healthy inhabitants of the district and not to its persistence in soil or water or other environment. The bacillus-carrier in the example investigated by this observer was a farmer on whose land 16 cases of typhoid fever had occurred among the labourers during a period of 10 months. The cases occurred at irregular intervals in a manner which in India would probably be called "sporadic". The details of the investigation leave no doubt that the farmer was the source of infection in each case. The only symptoms of which he complained were attacks of hepatic colic. In the literature relating to England, where, unfortunately, the importance of bacillus-carriers has been realised only quite recently, we find the record of a considerable epidemic in Glasgow<sup>3</sup> and of a continued endemicity of typhoid fever in a home for inebriates near Bristol<sup>4</sup> being attributed on good grounds to the presence of bacillus-carriers the carrier in each case being a woman employed in connexion with milk-supplies. The details of the thorough investigations made in these instances have appeared in many English journals and need not be summarized here.

In the chronic bacillus-carrier the biliary and urinary organs are the chief storehouses of the bacilli and of these the biliary organs are those to which most attention has been directed, possibly because symptoms are more frequent in connexion with them than in connection with the kidneys. In all or nearly all cases of typhoid fever bacilli are present in the gall bladder and when they remain and multiply there for long periods as in the case of chronic carriers cholecystitis and gallstones are likely to result. Numerous cases of disease of the gall bladder as a result of infection with typhoid bacilli are on record, the following being a few among those very recently reported. Simon<sup>5</sup> gives details of the case of a woman 28 years of age who was operated on for symptoms of acute biliary colic and fever. Many gallstones were removed but one in the bile duct was left. Typhoid bacilli were found abundantly in the bile and in the fæces and after the patient had recovered they could still be isolated at intervals from the fæces, which was attributed to the incompleteness of the operation. She became a chronic bacillus-carrier and infected two people. Quénu<sup>6</sup> records 45 cases in which during the course of attacks of typhoid fever cholecystitis of a character sufficiently severe to need operation occurred. Ashurst<sup>7</sup> has recorded two cases in which perforation of the gall bladder during attacks of typhoid fever occurred. Lorey<sup>8</sup> has described cases showing that in infections with paratyphoid bacilli the gall bladder also acts as the reservoir of the bacilli and that cholecystitis sometimes results from this cause. Cases of cholecystitis due to typhoid bacilli have also been recorded recently by Wilson,<sup>9</sup> Schuller,<sup>10</sup> Abram<sup>11</sup> and others. Liver abscess is also a disease which sometimes results from typhoid infection. In 2,000 autopsies on fatal cases of typhoid fever in Munich liver abscesses are said to have been found in 12; a recent case has been recorded by Venema and Grünberg.<sup>12</sup> Affections of the urinary organs in chronic carriers are not so frequently reported but recently Graves<sup>12</sup> has published a case which suggests a connexion between foci of typhoid bacilli in the kidney and renal calculi.

The length of time during which people may remain chronic bacillus-carriers is of importance. In addition to the instances of long duration referred to in last year's summary Scheller and Simon record cases in which women had been car-



riers for 17 years, Dean <sup>14</sup> records the case of a man who had been a carrier for 29 years and Gregg <sup>15</sup> the case of a woman who had been a carrier for no less than 52 years. Her discovery was due to the occurrence of seven cases of typhoid fever at irregular intervals among the inmates of a small boarding house of which she was the landlady and cook.

The treatment of chronic carriers with the object of freeing them from bacilli is a matter of great difficulty. As regards the foci of bacilli in the biliary organs medicines to increase the flow of bile—of which according to Forster <sup>16</sup> bile itself is the best—and operative measures are the only means at present available. Grimme <sup>17</sup> and Dehler <sup>18</sup> advocate operation on the gall bladder as the best means of freeing the fæces from typhoid bacilli in confirmed carriers and both authors have reported successful results from such operations. As regards the freeing of the urine from bacilli we are at present equally helpless, for the reports of six cases by the Committee of Investigation in India show that although urotropine was given for long periods in full doses the bacilluria was not in any way checked by the administration. The explanation offered by Lieutenant-Colonel Semple and Captain Greig is that the formaldehyde liberated from the urotropine acts on the bacilli in the urinary passages only but does not reach the foci of bacilli in the substance of the kidney.

Conradi <sup>1</sup> says that infections by contact include all cases in which there exists between the known primary case and the succeeding secondary one an uninterrupted connexion or continuity in relation to place and time; it is immaterial whether the typhoid bacillus passes from the first patient to the second directly or takes a circuitous route by way of lifeless objects. Contact cases always have their origin from a definite carrier of infection who may be a patient in the acute stage of the disease or in the convalescent stage or in the stage when he is termed a chronic bacillus-carrier. The various and often indirect ways in which infection by contact is brought about have been given in previous issues of this report <sup>2</sup> and it is unnecessary to repeat them here. Some examples of these ways are given in the reports from medical officers in India summarised on page 25 and a list of articles published during the current year, containing accounts of outbreaks and cases caused by contact infection will be found at the end of this section of the report <sup>3</sup>. It will be of advantage, however, to refer briefly to one aspect of the subject which has not received, except perhaps in India, the attention which its importance merits. This is the danger of infection by contact during the very early stages of typhoid fever. In the tendency which there is at the present time to attribute the origin of so many cases of typhoid fever to the agency of convalescents and chronic bacillus-carriers there is perhaps a danger that the importance of the infectiousness of patients in the early stages of the disease may be overlooked. Conradi in an article entitled "When is the typhoid patient contagious?" draws especial attention to this danger. Of 85 cases in which the date of infection by contact with a primary case could be established with certainty he found that no fewer than 49 or 58 per cent. were contracted from patients *during the first week of their disease*. It is obvious that this is of great importance in India where soldiers very commonly refrain from reporting that they are ill until they have suffered for several days and not infrequently refrain from doing so until they are quite unable any longer to carry on their duties.



A few years ago it was difficult to comment in a limited space on the large number of outbreaks of enteric fever attributed during the year to polluted water; at present it is difficult to find a report in which an outbreak is attributed to this cause. As regards the literature of the current year it appears that the epidemic at Peterhead in Scotland <sup>1</sup> was the only considerable one in which suspicion fell with good reason on the water supply and even in this instance, although the supply was obviously open to pollution, investigation showed that this medium was not a potent factor in the spread of the disease. Evidence of the infrequency of water-borne cases of typhoid fever is furnished in a report by Dr. Seaton on the prevalence of the disease in the administrative county of Surrey in England.<sup>2</sup> In reviewing the incidence of 2093 cases occurring during 12 years he expresses the opinion that it is doubtful if ten per cent. of the cases could be attributed to water.

The number of outbreaks attributed to milk has increased greatly during recent years, and there is hardly an account of any considerable outbreak reported during the current year in which this medium does not figure largely as an agent in the spread of the disease. In the Peterhead epidemic just referred to infection of the milk supply by a maid servant who had been nursing a case of enteric fever was regarded as the original cause, and the outbreaks at Glasgow,<sup>3</sup> at the Bentry Home <sup>4</sup> and that described by Scheller<sup>5</sup> which have been referred to on a previous page were all due to infection of milk. For other examples we need refer only to outbreaks described by Kossel,<sup>6</sup> Haskell<sup>7</sup> and Brummund <sup>8</sup>. Kossel gives details of an outbreak which was traced to a dairy where one of the farm servants who milked the cows was found to be a chronic bacillus-carrier. The man was removed from his work in connexion with the milk and the outbreak ceased, but some months afterwards another case of typhoid fever in a family supplied with milk from the dairy occurred, and it was found that the proprietor of the dairy had caused the man to resume his work of milking. In the outbreak of 13 or more cases described by Haskell it was found that a boy who a year previously had suffered from enteric fever had boarded at the farm from which the milk came.

All who have studied recent discoveries relating to enteric fever are agreed that the only right method of preventing the disease is to detect and render innocuous those who harbour the bacillus; and the examples of outbreaks mentioned on the previous pages of this report afford sufficient evidence of the success of measures based on this view. Kirchner <sup>1</sup> has published a full account of the operations on these lines undertaken during the last four years at a cost of about £10,000 per annum in a number of districts in Germany and although the difficulties of the task of detecting all those who harbour the bacillus are very great in large civil communities he shows that a substantial decrease in the mortality from enteric fever has occurred. In India the matter is being taken up with energy and the recommendations passed by the Standing Committee on Enteric Fever (which were based on the results of the work of the Committee of Investigation) are at present being acted upon. Of these recommendations the following were the most important: (1) "As a considerable proportion of convalescents from enteric fever harbour and excrete typhoid bacilli, sometimes for long periods, they are a source of danger to troops. It is, therefore, strongly recommended that accom-



modation be provided in the hills for isolating convalescents from enteric fever, away from other troops. The places selected for this must have at their command bacteriological laboratories where cultivations from the excreta can be made daily to determine when the individuals are free from infection : also efficient means for disinfection." (2) "It has been proved that a proportion of those who have suffered from enteric fever either in a form recognised as such or so slightly as to escape recognition and of those who have been in close contact with them harbour and excrete typhoid bacilli for considerable periods while showing no symptoms of illness. The handling of food by such persons is a great source of danger to others, and outbreaks of the disease have been definitely traced to this source. It is, therefore, strongly recommended that all men, British and Native, whom it is proposed to employ in connection with food intended for British troops, in kitchens, officers' and non-commissioned officers' messes, regimental and other institutes, Government and regimental dairies, bakeries, mineral water factories, etc., should first be medically examined to detect and prevent the employment of any who may be harbouring the infection of enteric fever. No man who has recently suffered from enteric fever should be so employed until it has been placed beyond all doubt, by repeated bacteriological examinations, that he no longer harbours the *B. typhosus*. In cases where means for carrying out these examinations are not available, such men must not be employed. Excepting those who have recently suffered from enteric fever or have been inoculated, the Widal test should, whenever possible be applied, and all whose blood gives a positive reaction should be considered unfit for such employment. All men employed in these occupations should be inspected from time to time by a medical officer for the same purpose." (3) "As it is found that orderlies nursing enteric fever cases suffer from the disease in considerably greater proportion than other men and a certain number of cases occur in patients under treatment in hospital for other diseases, it is recommended that, (1) all such men not protected by a previous attack of the disease should be inoculated, and the operation repeated when one year has elapsed since the previous inoculation. (2) In selecting men for such employment, preference should be given to those whose age and service in India make them less liable to infection. (3) Orderlies nursing enteric fever cases should not be allowed at the same time to attend other cases." (4) "The present system of employing soldiers of combatant units for nursing enteric fever cases is considered a great danger; these men mix freely with their comrades and at short intervals return to duty with their units. A certain number have been found to be harbouring the *B. typhosus* in their bodies without suffering from any symptoms of disease, but capable of spreading enteric fever to others. To avoid what may be a frequent means of spreading the disease, it is considered urgently necessary that a special corps of male nurses, whether of the Royal Army Medical Corps or men specially enlisted for India, should as soon as possible, be instituted."

The first dépôt for enteric fever convalescents was started at Naini Tal in April 1908 and it is hoped that others will be started shortly. The second and third recommendations are being carried out in their entirety but as regards the fourth, steps have not yet been taken for the formation of a special corps of male nurses.

A list of recent papers dealing with antityphoid inoculation and with serum therapy<sup>3</sup> is given at the end of this section of the report.



An examination of Table VIII will show that among European troops in India enteric fever does not occur in the form of well-marked epidemics; in nearly all stations the cases are fairly evenly distributed over the months during which the stations were occupied by troops. The table shows also that during 1907 there was only one station, namely, Bangalore, in which more than eighteen cases of enteric fever occurred during any month. The outbreak which caused the comparatively large number of admissions (28) during the month of June at this station was the only one which, with good reason, was attributed to water during the year. It was confined to two companies on field training at a camp ten miles from Bangalore, and presented the well recognised characters of an outbreak caused by water. At the time these two companies occupied the camp the spring which was the usual source of supply for troops failed, and water had to be obtained from a pond. The water for drinking purposes was boiled and stored in filters, but it is said that there may have been a flaw in the arrangements or that the men may have drunk unboiled water. The pond water was found to be grossly polluted with *B. coli*. Milk was very probably the cause of cases in several stations. At Agra, for example, the Divisional Sanitary Officer attributed six cases to the milk supply of the soldiers' home. He states that the milk used in tea and for making ice-creams in this home was obtained from a bazaar, and that it was unboiled. He visited the bazaar dairy and, no milk being obtainable, took a sample of water from an earthenware vessel used for storing water. From the sample he succeeded in isolating a bacillus which gave all the typical cultural reactions of the typhoid bacillus and was agglutinated by a proved typhoid serum. At Muttra a small outbreak of six cases occurred in a unit which had been free from enteric fever for several weeks, and milk was suspected to be the cause. The regimental dairy was reported to be small, dark, and ill-ventilated; there was a latrine close to it, and the arrangements for the sterilization of milk and utensils were not good. At the time of inspection by the Divisional Sanitary Officer the orderly in charge of the dairy was in hospital with symptoms which were said to be suspicious of enteric fever. Other stations in which milk was a probable cause of infection were Ranikhet, Kampti and Colaba (ice-creams). As regards other kinds of food and drink, uncooked vegetables and salads purchased from native hawkers were considered to be the cause of cases in Sialkot and Jullundur, and mineral waters in Ahmednagar. Contact infection directly from person to person and indirectly through the medium of latrines, as usual, figured largely in the reports as the most probable way in which the disease was contracted. As examples of infection by direct contact may be mentioned the fact that fifteen cases during the year were reported to have occurred among orderlies on duty as nurses in enteric fever wards, and five cases occurred among patients while in hospital for other diseases. At Ahmednagar a man became infected apparently from using the towels or clothing of a friend who shortly before had been admitted into hospital for enteric fever, and at Jullundur and Subathu the use of beds in which patients had slept before their admission to hospital was suspected to be the cause of subsequent cases. In connection with infection by contact the possibility that cases were due to an undetected bacillus-carrier is suggested by several medical officers and at Kasauli, in addition to those reported last year, yet another example was found of an outbreak being due to a bacillus-carrier in the person of a cook. In this instance the man was in robust health, he had never suffered from enteric fever, and had not been admitted into hospital



at all during the seven years previous to the time when the bacilli were found in his excreta. From the same station it is reported that the excreta of four nursing orderlies who had been nursing patients suffering from enteric fever were examined before the men were about to be sent back to regimental duty. It was found that two of the men were excreting typhoid bacilli in their fæces and were bacillus-carriers. Both men were reported to be in perfect health. While recognising the importance of chronic bacillus-carriers, however, the majority of medical officers appear to regard mild and "ambulatory" cases, and the cases in which a soldier, although feeling very ill, does not report that he is so for many days, as the more important; and possibly, rightly so, for such cases are, in all probability, much more numerous than are the cases of healthy bacillus-carriers. A number of instances are contained in the reports in which men did not report that they were ill until it was impossible for them to continue their duties any longer, and apparently the practice is frequent among men who are proceeding, or about to proceed, from the plains to the hills. It was by such cases that the disease was thought to have been introduced into Cherat and one or two other hill stations during the year. Flies were regarded as one of the chief agents by which enteric fever was spread in Rawalpindi, Amritsar, Dagshai, Kampti, Jubbulpore and Secunderabad, and infected dust at Amritsar, Muttra and a few other stations.

Among many valuable remarks and suggestions contained in the reports this year, the following may be mentioned. The medical officer at Ambala draws attention to a possible danger of infection which may exist in the "detention" wards of station hospitals, namely that, unless constant supervision is maintained, the bedding in these wards is likely to be used by different patients day after day; if a bed has been occupied by a patient suffering from enteric fever there is obviously the danger that the next patient who occupies the bed may contract the disease. Several medical officers draw attention to the difficulties met with in attempting to disinfect the bedding and clothing of enteric fever patients and "contacts" in stations where there is no steam disinfecter. The medical officer at Ahmednagar notes that it was found that when a patient's kit was sent for disinfection only his "official" kit was sent. It is important, of course, that a patient's private clothing should also be disinfected.

11. The statement in the margin shows at a glance the number of admissions to

Enteric fever in 1907—Appendices A and B to Section II and D to Section III, Table IV.

hospital, the number of deaths, and the admission and death rates per thousand of average strength, recorded from enteric fever among European troops in India during each of the last five years. It will be seen that the rates in 1907 were considerably lower than usual—indeed, the admission rate was the lowest recorded since 1888 and the death rate the lowest since 1885. The average length of stay of patients in hospital during 1907 was about 80 days as compared with about 75 days in the previous year, about 70 days in 1905, about 68 days in 1904, and about 54 days in 1903. The progressive increase in these figures is doubtless due to a more general application of the principle that convalescents should be kept segregated as long as possible. On

Years.	Admissions.	Deaths.
1903 {	1384	295
	19'6	4'19
1904 {	1395	267
	19'6	3'76
1905 {	1146	213
	16'1	2'99
1906 {	1095	224
	15'6	3'19
1907 {	910	192
	13'1	2'77



account of the reduction in the number of cases the constantly sick rate was less by 24, and the total loss of service due to the disease was less by 8,654 days than in 1906; but the case mortality of the disease rose from 16·7 to 17·8 per cent. During the years from 1896 to 1903, however, the case mortality was never lower than 21 per cent. and since 1903 the fatality shows a distinct tendency to be lower than in former years. Among 7,635 cases during the years from 1898 to 1902 the fatality was 23·4 per cent., while among 6,955 cases during the years from 1903 to 1907 it was only 17·1 per cent.

12. The disease was more prevalent and fatal among troops in the Southern than among those in the Northern Army, and as regards Divisions its incidence was greatest among troops in the 5th (Mhow), the 9th (Secunderabad), the 7th (Meerut), and the 2nd (Rawalpindi) Divisions, and least among troops in the 10th (Burma) Division. The admission rates in all except three of the geographical groups were lower than in the previous year. In the group of Hill Stations (XIIa) the admission rate rose from 7·3 to 13·0 per thousand. The practice of sending convalescents to hill stations, unless the arrangements for their segregation are complete, introduces a danger into these stations to which one or two medical officers refer in their reports. The medical officer at Ranikhet states that 32 convalescent enteric patients were sent to that station during the season, but that no building could be obtained in which to accommodate them suitably, and that even if accommodation in tents were considered advisable there is no good site for a camp. In order that these convalescents might be kept segregated from their companions in barracks it was necessary to admit them into the station hospital and to keep them there for three months or more.

13. The diminished prevalence of the disease during 1907 is indicated by the fact that admission rates of over 20 per thousand were recorded in only 21 stations as compared with 31 in the previous year. The following is a list of stations (irrespective of strength), at which the highest rates were recorded and in Appendix C are given the admission and death rates in stations where the strength is over one thousand.

In group VI.		In group VIII.		In group IX.		In group XII a.	
Fort Lahore	... 89·3	Jhansi	... 51·1	Ahmednagar	... 26·4	Solon	... 27·5
Amritsar	... 80·2	Agra	... 26·0	Jubbulpore	... 21·5	Ranikhet	... 27·4
Campbellpore	... 34·2	Mhow	... 22·3	Kampti	... 21·5	Lower Topa	... 23·8
Rurki	... 24·1			Secunderabad	... 20·6	Upper Topa	... 22·4

The stations where the largest numbers of cases occurred were Secunderabad (65), Bangalore (62), Jhansi (49), Quetta (47), Mhow (39), and Rawalpindi (34). The points of interest in connection with the prevalence of the disease at these and other stations have been dealt with in a previous paragraph. In Appendix D the dates of admission to hospital of patients residing in different barracks and tents at some stations are given as they are of service in connection with the subject of infection by contact.



14. Among European troops in India there were recorded in 1907 eight cases of plague and three deaths as compared with seventeen cases and two deaths in the previous year. There were two cases at Meerut and two at Dinapore, the other stations where an admission or a death occurred being Ambala, Lucknow, Allahabad, Cawnpore, and Rangoon. In all these stations plague was very prevalent in bazaars adjacent to the barracks of the troops. All the cases were of the bubonic variety, and in seven the bacillus of the disease was isolated either from a bubo or from the peripheral circulation. Measles caused 62 admissions to hospital, all except four of the cases being among troops of the Northern Army. Erysipelas accounted for 22 cases and one death. Beri-beri caused 37 admissions, of which nineteen were recorded at Poona, six at Kirkee, and three each at Ahmednagar, Karachi and Aden. The correctness of the diagnosis of beri-beri was by no means certain in some of the cases at Poona and most of the other stations; at Poona fourteen cases of a similar kind were diagnosed as multiple neuritis (probably alcoholic), at Aden nine, and at Ahmednagar four. At Poona the disease became epidemic during September and October, and it was for this reason chiefly that it was diagnosed beri-beri. A committee was appointed to investigate the cause of the disease in Poona, and in their report it is stated that during 1907 there were 60 cases of multiple neuritis among the men of one regiment. The following are some of the conclusions arrived at by the committee:—(1) The disease was multiple neuritis, which, during certain months of the year, assumed an epidemic form. (2) Arsenic as a causative agent could be excluded. (3) With regard to food there was no consumption of rice, no deficiency of nitrogen, and no deprivation of fat. (4) If the disease had not become epidemic it would most probably have been diagnosed as alcoholic multiple neuritis. (5) All the patients were beer drinkers, and no case occurred among teetotallers. Many of the patients admitted drinking from six to sixteen pints of beer daily, which, according to a report from the Director of the Excise Laboratory at Kasauli, corresponds to the consumption of from 6·6 to 17·6 ounces of pure (100 per cent.) alcohol daily. (6) The conditions of life which are usually associated with outbreaks of beri-beri were absent. (7) The view that the disease was simple alcoholic neuritis appeared to be negatived by the epidemic prevalence of the disease in particular months of a particular year, but possibly some toxin which caused the disease was introduced, or generated by fermentation, in a particular brew of beer. (8) While believing that the disease was not simple alcoholic neuritis, the committee were strongly of opinion that excessive consumption of beer, if not the exciting cause of the outbreak, was undoubtedly the predisposing cause. Dengue caused only 79 admissions as compared with 282 in the previous year and 415 in 1905. The disease was confined almost entirely to Rangoon and Lucknow. *Bilharzia hæmatobia* has nearly died out among European troops in India. Rheumatic affections, as usual, were responsible for a large number of admissions to hospital (namely, 744) and 30 soldiers were invalided for these diseases. In some remarks upon a trial which was made during the latter part of 1907 of sending invalids and convalescents to Kasauli during the winter months the senior medical officer at that station says that patients suffering from rheumatism in any form did not appear to be benefited by the change.



15. The total number of cases of tubercle of the lungs treated during the year was 138, and the total deaths were fourteen. The admission rate was the same as in the previous year, but the death rate rose from '17 to '20 per thousand, and the number of men invalided rose from 92 to 107. The stations from which the largest numbers of admissions were reported were Chakrata, Rawalpindi, Wellington, Dinapore and Meerut, but the number was not more than eight in any station. The death rates from tubercle of the lungs among European troops, Native troops, and native prisoners during the year were in the proportions of 10, 16, and 150, but the figures are affected, of course, by invaliding.

16. The admission and death rates from pneumonia were 2'8 and '35 per thousand, respectively, as compared with 3'4 and '28 in 1906, the total numbers of admissions and deaths in each year being 195 and 24 in 1907 and 241 and 20 in 1906. The disease was slightly more prevalent in the Northern than in the Southern Army, and as regards geographical groups it was most prevalent among troops in groups IV (Bengal-Orissa) and VII (North-West Frontier), and least so among troops in group II (Burma Inland). Compared with the previous year there was an increase in prevalence in three of the geographical groups and a decrease in eight. Excluding stations where the strength was below 200 the highest admission rates for the year were recorded at Dum Dum, Nowshera, Campbellpore, Quetta and Barrackpore. In India as a whole, most cases were recorded during December, and fewest during June and September. There was an increase in the admission rate on account of "other respiratory diseases" from 20'3 per thousand to 21'9, and there were eight deaths from these diseases as compared with six in the previous year. The geographical group in which these diseases were most frequent during the year was VII (North-West Frontier), and the stations (excluding those where the average strength was low) in which the highest admission rates were recorded were Nowshera, Nowgong, Nasirabad, Subathu and Bareilly. Of the eight deaths under this heading three were due to broncho-pneumonia, two to bronchitis, and one each to asthma, cirrhosis of the lung and empyema.

17. Dysentery was less prevalent among all classes of people in India than in 1906, and the admission and death rates among European troops fell from 15'2 and '53 per thousand, respectively, to 11'7 and '33. The disease was more prevalent and fatal in the Southern than in the Northern Army, and as regards Divisions it was most prevalent among troops in the 5th (Mhow), the 9th (Secunderabad), and the 8th (Lucknow) Divisions. The death rates were highest in the Burma and Lucknow Divisions. As regards geographical groups the disease was, as usual, most prevalent in the Deccan group (IX) and most fatal in the Burma Coast group (I). Excluding stations with a strength below 150, the highest admission rates were recorded at Saugor (36'2 per thousand), Barrackpore (35'2), and Madras (28'9). For the European Army as a whole, the months of greatest prevalence were August and May, and those of least prevalence June and January.

There were 1,012 admissions on account of diarrhoea, with no fatality, as compared with 813 admissions and 23 deaths on account of dysentery. The



admission rates were highest among troops in groups VII and VIII, and in these groups are included the two stations with the highest ratios, namely, Nasirabad (67·9 per thousand) and Nowshera (62·5).

18. Abscess of the liver was also less prevalent during 1907, the number of admissions to hospital being 165 and the deaths 70 as compared with 183 and 107 respectively in the previous year. The disease caused more admissions and deaths among the troops of the Southern than of the Northern Army, and as regards Divisions the admission rate was highest among troops in the Burma Division and the death rate among troops in the Secunderabad Division. One or more cases occurred in 61 stations, the largest numbers of cases being in Rangoon and Secunderabad (eleven in each). No remarks worthy of note in connexion with this disease are made by medical officers.

19. There were 94 admissions to hospital and seven deaths from alcoholism as compared with 170 admissions and six deaths during 1906, the corresponding average numbers recorded annually during the decennium ending 1906 being 230 and eight respectively.

20. The recorded admission rate for all venereal diseases in 1907 was 89·9 per thousand, the death rate was ·04 per thousand and the constantly sick rate was 10·6 per thousand. These figures are represented in actual numbers by 6,236 the total admissions, three the total deaths and 735·27 the total number constantly sick throughout the year. The corresponding figures in 1906 were, as regards rates, 117·3 per thousand, ·16 per thousand and 12·3 per thousand, and as regards actual numbers 8,240 the admissions, 11 the deaths and 864·79 the number constantly sick. The fall in the rates relating to these diseases, which is one of the most remarkable features of the health statistics of European troops in India during recent years, is common to all kinds of venereal disease. It is attributed to a number of causes, among which may be mentioned, as being the more important, the efforts of regimental and other officers to occupy the spare time of the men in healthy pastimes, to make the regimental institutes attractive and comfortable, and to influence the men to avoid contracting these diseases; the better education and higher moral tone now existing among soldiers generally; increased knowledge of the dangers of these diseases, leading to greater care as regards personal prophylaxis; less indulgence in alcohol; the more thorough treatment now carried out in all cases. It is noteworthy, of course, that the prevalence of venereal disease among Native troops is also declining rapidly, and this must be attributed in chief part at any rate to a diminution in the number of sources of infection. The indication of the decline in syphilis among European troops afforded by the figures of the "syphilis register" continues to be satisfactory. This register contains the names of all men who come under treatment for syphilis for the first time; it was started in 1904, and in that year the names of 2,947 men were entered upon it. In the next year it contained the names of only 1,470 men, and in the next of only 936 men. In 1907 the names of only 797 men had to be entered on it, so that we may assume that the yearly number of men who contract syphilis is steadily decreasing. Every man whose name is on this register has to attend hospital once a week for observation and treatment during a period of two years, and the con-



tinuous improvement in the results of treatment are shown by the steady decrease in the proportion of cases requiring readmission to hospital while under observation. At a conference of selected medical officers recently held at Ambala, a number of practical recommendations were made in connexion with the routine methods of treatment of venereal diseases amongst troops in India, and steps are being taken to carry out the recommendations as far as possible.

The average period of detention in hospital of a patient suffering from any form of venereal disease during 1907 was 43·04 days, and the total loss of service involved amounted to 268,374 days, the non-efficiency thus reckoned being about four times as much as that incurred on account of enteric fever.

There were only three deaths (·04 per thousand of strength) attributed to venereal diseases during 1907, as compared with eleven (·16 per thousand) in the previous year and thirteen (·18 per thousand) in 1905; and the number of men invalided for this cause was 97 (1·40 per thousand) as compared with 131 (1·86 per thousand) in 1906.

Venereal diseases are always less prevalent among troops serving in the Punjab and neighbouring provinces than among those serving in provinces further south, and in 1907 the admission rate among troops of the Northern Army was only 80·1 per thousand as compared with a rate of 102·7 among troops of the Southern Army. As regards Divisions the admission rates were highest among troops in the 9th (Secunderabad) Division and the 10th (Burma) Division. Excluding stations at which the average strength was below 100, the highest admission rates were recorded as regards the Northern Army at Fort William, Agra and Delhi, and as regards the Southern Army at Madras, St. Thomas' Mount, Meiktila, Wellington, and Bellary.

The admission rate on account of gonorrhœa was 48·0 per thousand of strength, and that on account of soft chancre 19·7 as compared with rates of 61·0 and 28·5 respectively in 1906. Twenty-one men, as compared with eleven in the previous year, were invalided for gonorrhœa during 1907.

21. The total number of deaths recorded as a result of heat-stroke during 1907 was 26 as compared with 39 in the previous year and 55 in 1905. The stations at which the largest numbers of deaths from this cause occurred were Agra, Allahabad, and Ferozepore.

22. The average annual number of suicides reported in the decade 1891—1900 was nineteen, and in 1907 the number was seventeen, of which eight were by gunshot, two by cut throat, one by drowning, two by hanging, one by fracture of the skull, one by oxalic acid poisoning, one by opium poisoning and one by taking sulphuric acid.

23. From the European Army of India 1,768 men were invalided in 1907 (25·50 per thousand of strength) as compared with 1,993 (28·36 per thousand) in the previous year. In the Northern Army the rate was 22·00 per thousand of strength, and in the Southern Army it was 31·07 per thousand. The chief causes of loss by invaliding have already been mentioned in paragraph 2, and a striking feature of the statistics is the increase in the number of men invalided for



ague. This was doubtless the result of the very malarious autumn of 1906. Of the total number of men invalided from all causes 52 per cent. were under 25 years of age and 86 per cent. under 30 years of age, and as regards length of residence in India 34 per cent. of all invalids had less than two years' service in this country and 74 per cent. less than five years. In August 1907 action was taken to ensure that only those invalids should be sent to England who would not be likely to recover their health by a change to one of the hill stations in India.

24. The average strength of commissioned officers with European troops in India during 1907 was 2,204, and among them there were 1,396 cases of sickness, 122 were invalided and 17 died during the year. The admission rate, the constantly sick rate, the invaliding rate, and the death rate were each considerably lower than in the previous year, the death rate falling from 17.53 to 7.71 per thousand. The admission rate from venereal disease was the same as in 1906, but the rates from all other diseases were lower. There were only three deaths from enteric fever giving a ratio of 1.36 per thousand against 6.29 in the previous year: There were three cases of plague, with two deaths, but there was no case of cholera. Enteric fever, ague, and debility were the chief causes of invaliding.

25. The health of the women was much better than in 1906. The average strength was 3,496, an increase of 65 on that of the previous year, and there were in all 2,299 admissions to hospital and 23 deaths, giving admission and death rates of 657.6 and 6.58 per thousand respectively as compared with rates of 757.8 and 12.24 in 1906. The constantly sick rate was 28.8 per thousand as compared with 32.9. The chief causes of admission to hospital were, as usual, debility, diseases peculiar to women, and ague, which together accounted for 63.64 per cent. of the total number of admissions from all causes. Of the 23 deaths six were due to enteric fever, four to child-birth and abortion, and two to ague.

26. The admission, constantly sick, and death rates among the children were all considerably lower than in 1906. The strength was 5,379; the admission rate 368.3 per thousand; the constantly sick rate 15.3, and the death rate 32.72. The chief causes of sickness were diarrhoea, ague, and respiratory diseases, which together accounted for 34 per cent. of the total number of admissions from all causes. Out of the total of 176 deaths 31 were attributed to diarrhoea, 29 to debility and immaturity at birth, 15 to respiratory diseases, 14 to convulsions and nine to teething. There were 32 admissions to hospital with no death from enteric fever, and 237 admissions with 31 deaths from diarrhoea. Among the exanthemata to which children are liable there came under treatment during the year 91 cases of measles, 22 of chicken-pox, 13 of scarlet fever, four of rubella, three of small-pox, and one of cow-pox, there were also 28 cases of whooping cough, seven of mumps and five of diphtheria.

The strength at different age periods, the death rates per mille and the relative liability to death at each of these periods are shown in Table XXV. Immaturity at birth was the cause of 27 per cent. of the total number of deaths among children under six months of age.



## PAPERS AND BOOKS REFERRED TO IN SECTION II.

*Abbreviations used below.*

A. H.	= Archiv für Hygiene.
A. K. G. A.	= Arbeiten aus dem kaiserlichen Gesundheitsamte.
A. P.	= Annales de l'Institut Pasteur.
B. I. P.	= Bulletin de l'Institut Pasteur.
B. J. H. H.	= Bulletin of the Johns Hopkins Hospital.
B. M. J.	= British Medical Journal.
C. B.	= Centrallblatt für Bakteriologie.
D. M. W.	= Deutsche medizinische Wochenschrift.
H. R.	= Hygienische Rundschau.
I. M. G.	= Indian Medical Gazette.
J. A. M. A.	= Journal of the American Medical Association.
J. H.	= Journal of Hygiene.
J. I. D.	= Journal of Infectious Diseases.
J. P. P. G.	= Journal de Physiologie et de Pathologie Générale.
J. R. I. P. H.	= Journal of the Royal Institute of Public Health.
J. R. A. M. C.	= Journal of the Royal Army Medical Corps.
J. T. M.	= Journal of Tropical Medicine.
L.	= Lancet.
M. M. W.	= Münchener medizinische Wochenschrift.
N.	= Nature.
P. J. S.	= Phillipine Journal of Science.
S. C. I.	= Annual Report of the Sanitary Commissioner with the Government of India.
Z. H.	= Zeitschrift für Hygiene.

*The bacilli of typhoid and paratyphoid fever.*—<sup>1</sup>See Poggenpohl in Z. H. Volume 57, 1907, pages 272 to 287, Lentz and others at the International Congress of Hygiene, Berlin, 1907 reported in J. R. A. M. C. March 1908, page 243; <sup>2</sup>See B. I. P. 1908, pages 262 and 263, also Kindborg in C. B. Originale Volume XLVI, 1908, page 554, Hirschfeld reported in H. R. XVIII, 1908, No. 6, page 368, Chatterjee in I. M. G. April 1908, page 134, etc.; <sup>3</sup>See Mandelbaum in M. M. W. 3rd September 1907, page 1766, McNaught in J. R. A. M. C. Volume X, No. 2, page 171, Scheller in C. B. XLVI, heft 5, page 385, Burk and Eugling and Grassberger reported in B. I. P. 1908, No. 14, pages 639 and 640; also D. M. W. September 19th 1907, page 1551; <sup>4</sup>See Poggenpohl as above; <sup>5</sup>Altschüler quoted by Dœbert in A. H. Volume 52, page 70; <sup>6</sup>Tarchetti quoted by Poggenpohl as above; <sup>7</sup>Almquist in C. B. Originale XXXVII, page 18; <sup>8</sup>Reported in D. M. W. No. 42, 1907, page 1758; <sup>9</sup>Reported by Leishman in J. R. A. M. C. Volume X, No. 3, March 1908, page 243; <sup>10</sup>Forster reported by Hübener in D. M. W. 1908, 11th June, page 1044; <sup>11</sup>Uhlenhuth at the International Congress of Hygiene, September, 1907; <sup>12</sup>Rimpau in D. M. W. 11th June 1908, page 1045; <sup>13</sup>Hübener as above; <sup>14</sup>Baehr in H. R. XVIII, 1st May 1908, page 505; <sup>15</sup>Gœbel reported in B. I. P. VI, No. 1, 1908, page 18; <sup>16</sup>Trinchas and Olla reported in B. I. P. VI, No. 1, 1908, page 18; <sup>17</sup>Beckers in H. R. XVIII, No. 6, 15th March 1908, page 314; <sup>18</sup>Port in D. M. W. 26th March 1908, page 547.



*The ophthalmic diagnostic test.*—<sup>1</sup>Chantemesse in D. M. W. 1907, No. 31, page 1264 and No. 39, page 1572; also H. R. XVIII, 1908, No. 10, page 595; <sup>2</sup>Hamburger in J. A. M. A. April 25th 1908, page 1344; <sup>3</sup>Ország in D. M. W. 1908, No. 15, page 647.

*The Widal test.*—<sup>1</sup>Veil in D. M. W. 1907, No. 36, page 1450; <sup>2</sup>Brion and Kayser reported in H. R. XVII, No. 6, page 347; <sup>3</sup>See Poggenpohl in Z. H. Volume LVII, 1907, page 273, Lentz at the International Congress of Hygiene, September 1907, Sacquépée and Chevrel in B. I. P. V. 1907, pages 49 and 97, etc.

*Isolation of the bacillus from the blood.*—<sup>1</sup>Zeidler in C. B. Originale XLIV, 1907, page 479; <sup>2</sup>Kayser in C. B. Originale XLII, page 185, reported in H. R. XVII, 1907, page 1440; <sup>3</sup>Mabee and Taft reported in J. A. M. A. June 20th 1908, page 2108; <sup>4</sup>See Stade in H. R. XVIII, 1908, No. 9, page 524; <sup>5</sup>Baumann and Rimpau in C. B. Originale, XLVII, 1908, page 136; <sup>6</sup>Venema in H. R. XVII, No. 23, page 1399; <sup>7</sup>Kurpjuweit in Klin. Jahrb. XVII, reported in B. I. P. VI, 1908, page 15; <sup>8</sup>See Buchholz reported in H. R. XVIII, 1908, page 140.

*Isolation of the bacillus from the fæces and urine.*—<sup>1</sup>See S. C. I. for 1906, page 23, also H. R. XVIII, 1908, page 523, and page 647; <sup>2</sup>Pratt, Peabody and Long in J. A. M. A., September 7th, 1907, page 846; <sup>3</sup>See Loeffler in D. M. W. 1906, page 289, reported in H. R. XVII, page 730, also Loeffler in D. M. W. 1907, No. 39, Kiralyfi in C. B. XLII, page 276, Simon in Klin. Jahrb. XVII, etc.; <sup>4</sup>Peabody and Pratt in C. B. XLV, 1907, page 550; <sup>5</sup>Vial in H. R. XVII, page 707.

*Isolation of the bacillus from the tonsils.*—<sup>1</sup>Manicatide in C. B. Originale, XLVI, 18th February 1908, page 221.

*Epidemiology. Bacillus-carriers.*—<sup>1</sup>Scheller in C. B. Originale XLVI, March 1908, page 385; <sup>2</sup>Baumann in A. K. G. A. XXVIII, heft 2, 1908, page 377; <sup>3</sup>See J. R. I. P. H. No. 4, April 1908, page 245, also L. of May 30th 1908, page 1566 and of March 28th 1908, page 969; <sup>4</sup>See L. of March 7th 1908, page 732, and of January 25th 1908, page 246; <sup>5</sup>Simon in Klin. Jahrbuch XVII, reported in B. I. P., 1908, No. 1, page 22; <sup>6</sup>Quénu reported in J. A. M. A. July 18th 1908, page 264; <sup>7</sup>Ashurst reported in L. of May 9th 1908, page 1359; <sup>8</sup>Lorey in M. M. W. 1908, No. 1, reported in D. M. W. 23rd January 1908, page 164; <sup>9</sup>Wilson in J. A. M. A. May 16th 1908, page 1607; <sup>10</sup>Schuller reported in D. M. W. 1908, No. 4, page 164; <sup>11</sup>Abram reported in L. of March 7th 1908, page 720; <sup>12</sup>Venema and Grünberg reported in H. R. XVII, page 1439; <sup>13</sup>Graves in B. M. J. July 13th 1907, page 75; <sup>14</sup>Dean in B. M. J. March 7th 1908, page 562; <sup>15</sup>Gregg reported in L. of August 15th 1908, page 492; <sup>16</sup>Forster in M. M. W. January 7th 1908, reported in J. A. M. A. February 8th, page 492; <sup>17</sup>Grimme in M. M. W. January 7th 1908, reported in J. A. M. A. February 8th, page 492; <sup>18</sup>Dehler reported in H. R. XVIII, 1908, page 276 and in J. A. M. A. November 30th 1907, page 1884; <sup>19</sup>Conradi in Klin. Jahrb. XVII, fasc. 2. and in D. M. W. 10th October 1907, page 1684.

*Infection by contact.*—<sup>1</sup>Conradi in D. M. W. October 10th 1907, page 1684; <sup>2</sup>See especially S. C. I. for 1904, page 14; <sup>3</sup>See Davies in B. M. J.



August 31st 1907, page 505, Mason in J. A. M. A. November 9th 1907, page 1592 (contains also an account of the measures adopted to prevent contact infection in the American army), Hudleston in J. R. A. M. C. X., 1908, No 1, page 62, also L. for October 5th, 1907, page 977, February 15th, 1908, page 526 and April 4th, 1908, page 1021; <sup>4</sup> Conradi in D. M. W. October 10th, 1907, page 1684 and in *Klin. Jahrbuch XVII*, fasc. 2. 1907.

*Infection by water and by milk.*—<sup>1</sup> See L. of April 4th 1908, page 1021; <sup>2</sup> See N. of October 31st, 1907, page 669; <sup>3</sup> J. R. I. P. H. April 1908, page 245; <sup>4</sup> See L. January 25th, 1908, page 246 and March 7th, page 732; <sup>5</sup> Scheller in C. B. Originale XLVI, March 1908, page 385; <sup>6</sup> Kossel in D. M. W. September 26th, 1907, page 1581; <sup>7</sup> Haskell in J. A. M. A. March 14th, 1908, page 846; <sup>8</sup> Brummund reported in H. R. XVIII, 1908, page 272.

*Preventive measures.*—<sup>1</sup> Kirchner. *Über den heutigen Stand der typhusbekämpfung*—Jena, Gustav Fischer 1907; <sup>2</sup> See Kuhn reported in H. R. XVIII, No. 6, page 366 and in B. I. P. August 15th, 1908, page 687, Musehold reported in D. M. W. 17th October 1907, page 1757, also J. R. A. M. C. March 1908, page 244, April 1908, pages 399, 403 and 429, June 1908, page 583, December 1907, page 547, J. A. M. A. December 7th, 1907, page 1922; <sup>3</sup> See J. R. A. M. C. March 1908, page 243, and J. A. M. A. December 7th, 1907, page 1922 and December 14th, 1907, page 2008.

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## SECTION III.

# NATIVE ARMY OF INDIA.

27. The average strength of the Native troops, including those on duty in India.—Appendices A and B to Section III, Tables XXVI and LIII. China and other stations outside India, was 126,392 as compared with 127,853 in 1906, and their health, as judged by the statistics of sickness and mortality, was good, the constantly sick rate, the invaliding rate, and the death rate being the lowest on record. The statement in the margin enables a comparison to be made

Native troops.	All causes. Ratios per mille.		
	1901-05.	1906.	1907.
Admissions ...	683.6	683.5	628.9
Constantly sick...	25.8	23.0	21.7
Deaths ...	9.69	6.57	6.27
Invalids ...	11.49	7.05	5.76

at a glance between the rates of sickness, mortality, and invaliding for the year under review, for the previous year and for the quinquennial period from 1901-1905, and it will be seen that the statistics of 1907 are in all respects favourable. As compared with 1906 the reduction in mortality and in invaliding is represented in actual numbers by the fact that there were 47 fewer deaths and 174 fewer invalidings.

It should be noted that the death rate among Native troops is not fairly comparable with that among European troops. Many Native soldiers die while on sick leave at their homes and a number die while on ordinary furlough. If the deaths of men while absent from their regiments were included the death rate among Native troops in 1907 would have been 8.51 per thousand. The death rate of European troops in India is also affected, of course, by invaliding, but the death rate of Native troops is affected to a much greater extent by the factors mentioned above.

The decrease in the rate of admission to hospital was due to the lesser prevalence of ague, the admission rate from which was 220.5 per thousand as compared with 261.8 in 1906; the admission rates from simple continued fever, dysentery, cholera, diarrhoea and venereal diseases were also lower than in that year. Among the more important diseases there was a reduction in the mortality from cholera, tubercle of the lungs and remittent fever, but an increase in the mortality from enteric fever and ague. Typhus fever of which there was only one case in 1906, caused 24 admissions and four deaths in the year under review.

The chief causes of sickness were intermittent fever, dysentery, simple continued fever, "other respiratory diseases," venereal diseases and anæmia and debility, in order of their relative prevalence, intermittent fever accounting for 35 per cent. and dysentery for over 5 per cent. of the total number of admissions from all causes. The principal causes of death were pneumonia, ague, enteric fever and tubercle of the lungs, these diseases accounting respectively for 31.8 per cent., 6.3 per cent., 5.5 per cent. and 5.3 per cent. of the total number of deaths from all causes. Enteric fever has appeared in the list of diseases causing most mortality since 1905. The number of men invalided for discharge from the service was 728 as compared with



902 in 1906, the chief causes of this source of loss being tubercle of the lungs, debility, rheumatism, venereal diseases, and intermittent fever.

If table XXVI be compared with table I it will be seen that the Native troops suffered less than the European troops from influenza, small-pox, enteric fever, simple continued fever, diarrhoea, hepatic affections, and venereal diseases, but that they suffered more from each of the other causes of sickness tabulated.

The statistics of Native troops located in stations outside India will be found in Tables XXVIII and XXIX, and the following summary contains such details only as are not given in those tables. The average strength of the troops serving in North China was 1,553, the rate of admission to hospital was 301 per thousand and the death rate was 3·86 per thousand. Tubercle of the lungs, influenza and "other respiratory diseases" were the chief causes of sickness, the admission rate from tubercle of the lungs being 27·0 per thousand and the death rate 1·29 per thousand. The average strength of the troops in Colombo and Singapore was 1,483, the admission rate was 448 per thousand and the death rate 4·05. Anæmia and debility was the chief cause of sickness, and circulatory diseases and tubercle of the lungs were the chief causes of death. In the stations of the Aden Brigade (Aden, Khormaksar, Sheikh Othman and Perim) the average strength was 1,058, the admission rate was 968 per thousand and the death rate was 10·40 per thousand, ague and dysentery being the chief causes of sickness and tubercle of the lungs the chief cause of death. The average strength of troops in the Aden Hinterland was 224, and over 61 per cent. of the total admissions to hospital were due to ague. In stations on the Persian Gulf the average strength was 227, 50 per cent. of the total admissions to hospital being due to ague and about 19 per cent. to dysentery. There was no Native regiment stationed in Mauritius during the year.

28. The change in the headings under which the tabular abstracts are arranged Northern and Southern Armies. this year has already been referred to in Section Divisions. Appendix A to Section III, II, and for Native as well as for European troops Table XXVI. the statistics have been worked out as if the change had come into force on the 1st of January 1906. It will be seen that among Native troops there was more ill-health among troops of the Northern than of the Southern Army, which is the reverse of what was found to be the case among European troops. The statistics at the end of Table XXVIII show that in 1907 malarial fevers, tubercle of the lungs, pneumonia, "other respiratory diseases" and anæmia and debility were the diseases which caused the admission rate among troops of the Northern Army to be higher than that among those of the Southern Army; nearly all the other chief diseases were less prevalent in the Northern Army. The relative incidence of different diseases on the European and Native troops of the two armies corresponded as regards all the chief diseases except influenza, cholera, small-pox, enteric and remittent fevers. As regards the Divisions, the statistics of troops in the 1st (Peshawar) Division were the least favourable during 1907, and it will be remembered that the same was found to be the case for European troops. For Native troops, however, the 2nd (Rawalpindi) Division stands next in the list and the 4th (Quetta) Division third.



29. For the year under review groups VII (North-West Frontier), X (Western Coast) and IV (Bengal-Orissa) must be considered to have been most unhealthy for Native troops, and as regards groups IV and VII this is in accordance with general experience. Ague was most prevalent in the North-West Frontier and Bengal-Orissa groups, pneumonia in the North-West Frontier group and tubercle of the lungs and dysentery in the Western Coast group. The highest death rates were recorded in groups VII where the mortality was due chiefly to pneumonia, and XII (Hill stations), where it was due chiefly to pneumonia and malarial fevers.

30. In 1907 there were 39 stations in which the average strength of Native troops was over one thousand, but in only four of these, namely, Hong Kong, Dera Ismail Khan, Dehra Dun, and Abbottabad, were the admission and death rates very high. In Dera Ismail Khan the admission rate was 1363·4 per thousand and the death rate 11·53 per thousand, the chief causes of the large amount of sickness being malaria, dysentery, and "other respiratory diseases." In Dehra Dun the admission rate was 1,173·4 and the death rate 9·63 per thousand; of the 2,923 admissions to hospital recorded at this station 1,970 were due to intermittent and simple continued fevers. The admission and death rates at Abbottabad were 951·8 and 10·74 per thousand, respectively, the chief causes of sickness being ague, "other respiratory diseases" and dysentery. Full abstracts of the cantonment sanitary reports upon these and 26 other of the most unhealthy stations will be found in Table XXX, so it is unnecessary to refer to them in detail here. Among regiments with a record of much sickness and mortality during the year were the 94th Russell's Infantry at Fort Sandeman, the 7th Rajputs at the Malakand, the 128th Pioneers at Quetta, the 67th Punjabis at Kohat and the 69th Punjabis at Dera Ismail Khan. The admission rates in these regiments ranged between 689 and 1,327 per thousand, and the death rates between 16·26 and 42·44 per thousand, and in all of them, except the 128th Pioneers, ague, bowel complaints and pneumonia were the chief causes of sickness. In the 128th Pioneers ague, scurvy, and influenza were the chief causes.

31. Influenza was less prevalent among Native than among European troops, but the rate of admission to hospital rose from 5·2 per thousand in 1906 to 6·5 per thousand. The largest numbers of cases recorded among Native troops in the different stations were 265 at Quetta, 92 at Ferozepore, 51 at Edwardesabad and 48 at Peshawar. The disease was most prevalent at Quetta during September and October, at Ferozepore during November, at Edwardesabad during May and June and at Peshawar during January.

32. There was a considerable decrease in the prevalence of cholera among Native troops, 34 cases and 24 deaths being reported as compared with 94 cases and 62 deaths in 1906. The disease was less prevalent and widespread among the general population of the country, and as regards the Native troops the diminished incidence is shown by the fact that a case or cases occurred in only thirteen regiments as compared with 32 in the previous year. In nine regiments only one case occurred, in two regiments only two cases, in one regiment (the 88th Carnatic Infantry) five cases and in one



regiment (the 117th Mahrattas) sixteen cases. The last-named regiment was stationed at Kampti. The outbreak began in the right wing of the regiment on October 16th, the probable cause being said to be the pollution of a well. The wing was moved into camp on the 20th and the outbreak ceased. On the 23rd, however, cases began to occur in the left wing which had remained in the cantonment. In this instance polluted milk was said to be the cause. The wing was moved into camp on the 24th, and this measure together with the other precautions taken prevented the disease from becoming epidemic.

33. There were 48 admissions to hospital and five deaths from small-pox during the year as compared with 79 admissions and four deaths in 1906. The rates per thousand of strength were '4 and '04 respectively, the former being equal to and the latter higher than the corresponding rates among European troops. A case or cases occurred in 33 regiments, but there was only one case in 24 regiments and there were only two in six. The largest numbers in any regiment were five in the 83rd Light Infantry at Bangalore and four in the 74th Punjabis at Saugor.

34. Intermittent fever accounted for over 35 per cent. of the total number of admissions from all causes, but the admission rate fell from 262 per thousand in 1906 to 220. The disease was considerably more prevalent in the Northern than in the Southern army, and this may always be expected. The admission rates recorded in all but three of the twelve geographical groups were lower than in 1906, the three exceptions being Burma Coast (I) Assam (III) and Bengal-Orissa (IV). For the whole Native Army the months of greatest prevalence were, as usual, October and November, and this applies also in all the geographical groups except I (Burma Coast) in which most cases occurred during May, and II (Burma Inland) in which most cases occurred during July. Among stations where the average strength was over 150 those at which the highest admission rates were recorded were Dera Ismail Khan (734, per thousand) Dehra Dun (694), Edwardesabad (693), Baroda (647), Fort Sandeman (638), Alipore (629) and Jandola (595). In seven other stations the admission rate was over 450 per thousand of strength. As regards the prevalence of the disease in stations outside India, the admission rate recorded among the Native troops in South China (Hong Kong) was 574 per thousand, but among those in North China (Tientsin, Lutai, Shan-hai-Kwan and Tongshan) it was only 18 per thousand; the rate among troops in Colombo and Singapore was also very low. Among troops in stations on the Persian Gulf the rate was 176 per thousand, and among those in the Aden Hinterland it was 536 per thousand. In Chumbi and Gyantse (Tibet) the rate was very low. Dera Ismail Khan was garrisoned during the year by the 29th Mountain Battery, the 16th Cavalry, the 20th Infantry and the 26th and 69th Punjabis, the average annual strength of the Native troops being 2,342. The admission rates from intermittent fever in these regiments ranged between 494 and 1,194 per thousand, but they were considerably lower than in 1906. The decrease is attributed to the exceptional dryness of the year. The 1-9th, 2-9th, and 2-2nd Gurkha Rifles were at Dehra Dun throughout the year, the admission rates from ague in these regiments ranging between 349 and 1,127 per thousand. It is said that at this station the autumn was very unhealthy. Edwardesabad was garrisoned by the 24th Hazara Mountain Battery, the 17th Cavalry, the 51st Sikhs and the



31st Punjabis. The high admission rates for malaria in these regiments were attributed chiefly to relapses of infections contracted in the previous year. As regards the prevalence of the disease in the regiments at Hong Kong it is said that most of the patients were infected while in camp and not while in the barracks at Kowloon, where, according to the report of the Medical Officer of the 129th Baluchis, *anopheline* mosquitoes are rarely seen.

The number of admissions to hospital recorded as due to remittent fever was 567 and the number of deaths was 34, the rates per thousand of strength being 4·5 and ·26 respectively as compared with 5·0 and ·34 in 1906. In twenty-four stations only one case was recorded and in sixty-eight stations the number did not exceed ten. The stations at which most cases were recorded were Nowshera (76), Bakloh (44), Jullundur (38), and Hong Kong (34). In these stations it is probable that all or nearly all the cases were due to malarial fever, but a careful examination of the reports of a number of fatal cases occurring among Native soldiers and prisoners show that at least a few cases are in all probability due to a class of fevers as yet undifferentiated.

The statement in the margin gives the statistics of simple continued fever

SIMPLE CONTINUED FEVER. NATIVE TROOPS.		
Years.	Total admissions.	Admission rate per 1,000.
1903 ...	441	3·5
1904 ...	829	6·7
1905 ...	1,768	14·3
1906 ...	3,783	29·6
1907 ...	2,094	16·6

among Native troops for the last five years. The great increase in the number of cases since 1904 is doubtless due to the greater care now taken in the diagnosis of cases in which fever is the most obvious symptom, and especially to the practice of not diagnosing a case as ague unless the clinical signs are typical or unless malaria parasites are found in the blood of the patient. The statistics from 1905 to

1907 when considered along with the statistics of intermittent fever seem to indicate that in the endeavour to exclude malaria as a cause of cases of fever negative results of microscopic examinations of the blood have perhaps been relied upon too strictly. The largest number of cases in any regiment were recorded in the 2-2nd Gurkha Rifles at Dehra Dun, and the Medical Officer of this regiment expresses the opinion that many of the cases were really malarial fever, although from their short duration and from the negative results of a blood examination they were recorded under the heading simple continued fever. There were two deaths recorded as due to this disease during the year, but an examination of the case-sheets shows that in both cases the diagnosis was obviously at fault.

35. There were twelve cases diagnosed as *kala azar* during the year as compared with ten in 1906. They occurred in the following regiments and stations: four in the 2-6th Gurkha Rifles at Abbottabad, four in the 1-2nd Gurkha Rifles, two in the 2-2nd Gurkha Rifles, one in the 1-9th Gurkha Rifles, all at Dehra Dun, and one in the 13th Rajputs at Alipore. Five of the patients died. The diagnosis was confirmed in all cases by finding the Leishman-Donovan parasites in blood obtained by splenic or hepatic puncture, or, as in one fatal case at Abbottabad and in the fatal case at Alipore, by finding them in smears made

Kala Azar. Table LIII.



from the spleen after death. From the reports made by Medical Officers on these cases it appears probable that in some, if not in all, the disease was contracted not in the station where the patients were admitted into hospital, but during the time they were absent on furlough at their homes, and as regards some of the cases in Gurkha sepoys it was clearly shown that the infection was contracted in Nepal.

36. Typhus fever, although very common in the Jails of India from 1873 to 1893 has always been rare among Native troops, only sixteen cases with four deaths having been recorded among them during the 35 years from 1868 to 1902. From 1892 to 1902 no case occurred, but in 1903 there were recorded nineteen cases with four deaths. The next year there was again no case, but in 1905 there was one, in 1906 one, and in 1907 there were no fewer than 24 with four deaths. In the jails of India no case has occurred since 1901. The cases among Native troops during 1907 were recorded in the following regiments and stations: eighteen (with three deaths) in the 59th Scinde Rifles, two in the 57th Rifles and three (with one death) in the 1st Sappers and Miners, all at Peshawar, and one in the 28th Mountain Battery at Abbottabad. In addition there were many cases at Peshawar among Mule Corps drivers and followers, the Divisional Sanitary Officer reporting altogether 120 cases with 25 deaths at that station. As regards the origin of the epidemic, it is said in the first place to be well known that typhus fever is endemic among the population in villages round Peshawar, and that this being so it is not surprising that cases should occur among Mule Corps drivers and followers who, when on manœuvres, are not under such strict supervision as the troops. During the early weeks of February pneumonia of a virulent type was prevalent among men of the Mule Corps, and because the cantonment hospital, where such followers are treated, was full, some of the patients had to be admitted into the regimental hospitals of the 59th Scinde Rifles and the Sappers and Miners. The possibility that the disease might be typhus fever was not at first thought of, especially as a well-marked rash appeared in only a few cases and in others the rash was not easy to detect on the dark skin. In the 59th Rifles the first cases were either patients who were in hospital for other diseases or attendants on patients who were suffering from the type of pneumonia already mentioned. This led to a more minute investigation, and the true nature of the disease was quickly discovered. The Medical Officer of the 57th Rifles considers that the disease is much more common in India than is generally supposed, being diagnosed often as pneumonia, "epidemic pneumonia" or remittent fever. He enumerates the chief diagnostic symptoms as follows: (1) a marked degree of mental apathy, sometimes amounting to coma; (2) extreme dryness and foulness of the tongue after the second or third day; (3) great prostration at the beginning of the illness; (4) termination of the fever by crisis on the 13th to the 16th day; (5) the characteristic rash which usually appears on the fifth day is present in only about one-third of the cases, and is sometimes faint. References to an important article by Yersin and Vassal who have reproduced the disease by direct inoculation of blood from man to man, and to papers by medical officers in India are given at the end of this section.

37. Relapsing fever, which had caused 31 admissions and five deaths in 1906 caused 26 admissions and three deaths in 1907. There were seven cases with three deaths in the 29th Lancers at Sirur, seven cases, none of which was fatal, in the 128th Pioneers



at Quetta, five cases (none fatal) in the 107th Pioneers at Kirkee, four (none fatal) in the 33rd Light Cavalry at Secunderabad and one non-fatal case in the 109th Infantry at Santa Cruz, the 39th Central India Horse at Goona and the 110th Light Infantry at Ahmednagar. The Medical Officer of the 29th Lancers states that the disease is endemic at Sirur, and that outbreaks, which usually last from two to four months, occur at irregular intervals. The Medical Officer of the 33rd Light Cavalry states that the source of infection in the first case which occurred in that regiment was not discovered, but that the three other patients became infected while acting as nursing attendants in the hospital where the first patient was being treated. The diagnosis was confirmed in all cases by finding the relapsing fever *spirillum* in the blood. Sergeant and Foley<sup>1</sup> report that they have confirmed Mackie's observation that the disease can be communicated by blood-sucking lice.

38. The table in the margin shows that the number of cases diagnosed as enteric fever in the Native army has increased considerably during recent years. The increase is due not to the appearance of the disease in epidemic form among the Native troops in any regiment or station, but to the occurrence of one or two cases in a much larger number of regiments than in former years. Thus the 182 attacks recorded in 1907, comprised cases from no fewer than 84 regiments located in as many as 53 stations; and in 44 of the regiments only one case was recorded, in twenty only two cases and in ten only three, so that we are left with only ten regiments in which more than three cases occurred during the year. These figures serve as evidence in favour of the common observation in India, that enteric fever does not occur in epidemic form among Native troops and, when compared with the figures of previous years, they tend to show also that very probably the recorded increase in the number of cases is due not to a greater prevalence of the disease in the Native army but to the more general application of bacteriological methods of diagnosis. An examination of the medical case-sheets shows that in by far the greater number of cases during 1907 the diagnosis was made on the results of such methods of diagnosis, not by the clinical symptoms and signs; indeed, in many cases the clinical signs were in no respect typical of the disease as it occurs among European soldiers, and medical officers report that had a positive result with the agglutination test not been obtained such cases would have been recorded as simple continued fever. The records of 116 cases in which this test was carried out have been examined; they show that a positive result in dilutions ranging in different cases between 1 in 40 and 1 in 200 was obtained in 100 of these cases. In addition it is noteworthy that in at least five of the cases which occurred during the year the *Bacillus typhosus* was isolated either from the peripheral blood or from the fæces or urine. In one case in the 114th Mahrattas at Poona the bacillus was repeatedly isolated from the urine and on one or two occasions in enormous numbers, yet with the exception of a continued type of fever and a loss of weight of five pounds in three weeks there was no symptom suggestive of enteric fever. In another case in the same regiment the bacillus was isolated from

Enteric fever. Appendices A, B, and D, to Section III. Tables XXVI to XXIX and XXXIII.

Enteric fever. Native troops.		
Years.	Total admissions.	Admission rate per 1,000.
1902	50	·4
1903	80	·6
1904	70	·6
1905	130	1·1
1906	127	1·0
1907	182	1·4



the fæces but the symptoms were even less marked than in the first case. It appears from a consideration of these cases and of others which occurred during the year that we must accept as correct the view that natives as well as Europeans may be excreting the bacilli in large numbers in their fæces or urine without presenting characteristic symptoms of enteric fever; whether we believe that natives become infected from Europeans or Europeans from natives the fact affords an additional argument for the more complete segregation of the troops from the general population of the country. The source of infection was not discovered in any case which occurred among Native troops during the year, and although the Native soldiers who act as nursing attendants upon patients suffering from the disease do not in all probability take very careful precautions to avoid infection it appears that no case occurred among them.

It is interesting that a case or cases were reported to have occurred in 29 stations in which either no case occurred among the European troops or in which no European troops were stationed during the year.

39 The number of cases recorded as due to Malta fever has also increased considerably during recent years as will

Malta fever Table LIII.

be seen from the marginal statement. Of the 62 attacks recorded in 1907, no fewer than 30 occurred in Rawalpindi, namely, 28 in the 36th Sikhs and 2 in the 25th Punjabis. In this station no case was recorded until July; there were six cases during that month, twelve during August, nine during September, two during October and one during December. Of the remaining 32 cases recorded in the Native army during the year seven occurred in the 29th Punjabis at Jullundur, four in the 34th Sikh Pioneers at Lahore, four in the 51st Sikhs at Bannu, three in the 32nd Sikh Pioneers at Ambala, three in the 19th Punjabis at Jullundur, two in the 12th Cavalry at Multan, two in the 36th Jacob's Horse at Ambala and one in each of seven different regiments at Meerut, Kohat, Secunderabad, Fort Sandeman, Fyzabad, Sialkot and Bannu. It is worthy of note that several regiments in which a number of cases were recorded in 1906 had no case during 1907, and it may be hoped that this was due to the careful supervision exercised over the milk supply and to the exclusion from the regimental lines of all goats suspected to be harbouring the *Micrococcus melitensis*. The results obtained in Malta<sup>1</sup> prove that the complete prevention of the disease among European troops can be ensured, and although greater difficulties may be met with in its prevention among Native troops the results already obtained in some regiments in India show that the difficulties are very far from being insuperable. Investigation has shown that in India as in Malta the consumption of unboiled goats' milk is in all probability the usual way in which infection is contracted, and that it is not difficult by means of the serum test to identify all goats which harbour the *Micrococcus*. An interesting paper, in which is given the results of this test with the blood of 39 goats from the herd which supplied milk to the 36th Sikhs, was published by Captain Brayne, I.M.S., in December 1907<sup>2</sup>. The tests were carried out at the Pasteur Institute, Kasauli. It was found that the blood serum

Malta fever. Native troops.		
Years.	Total admissions.	Total deaths.
1902	4	...
1903	8	...
1904	5	1
1905	43	1
1906	38	1
1907	62	2



of eleven of the goats agglutinated the *Micrococcus melitensis* in a dilution of at the lowest 1 in 20 and from the blood of one out of two goats which were sent to the institute for examination the *Micrococcus* was isolated on five separate occasions. The paper also contains an account of the signs and symptoms in 26 cases which occurred among Native soldiers in Rawalpindi, from which it appears that it would be difficult or impossible to diagnose some cases of the disease as Malta fever without the help afforded by the agglutination test.

40. Although plague was much more prevalent among the general population in many parts of India than in 1906 the number of cases among Native troops was only 85 as compared with 147 in that year and the number of deaths only 56 as compared with 83. Out of the total of 156 stations occupied by Native troops during 1907 about 99 were in districts where plague was prevalent among the general population, yet in only 33 of these did cases occur among the troops. The largest number of admissions at any station was nine at Nowshera, five of the cases occurring in the 45th Sikhs, two in the 28th Punjabis, one in the 23rd Cavalry and one in the 54th Sikhs. Other stations where more than a very few cases occurred were Ambala in which there were eight cases in the 8th Cavalry and 32nd Sikh Pioneers, Lahore Cantonment and Ferozepore, in each of which seven cases occurred, distributed among men of the 25th Cavalry, the 38th Dogras and the 15th and 14th Sikhs, and Sialkot in which six cases were distributed among men in the 15th and 32nd Lancers and the 23rd Sikh Pioneers. In no other station were more than five cases reported, and in sixteen stations and thirty-four regiments only one case occurred.

41. The total number of admissions to hospital on account of scurvy during 1907 was 286, which gives a ratio of 2·3 per thousand as compared with a ratio of 2·4 per thousand in the previous year. About 52 per cent. of the admissions in 1907 were recorded among troops in the Southern army and about 21 per cent. among troops in the Northern army; and as regards geographical groups over 18 per cent. of the admissions occurred among troops in group XII (Hill stations) and about 13 per cent. among troops in group VIII (Central India). The largest numbers of cases were recorded in the 128th Pioneers (63 admissions to hospital and 14 deaths), the 127th Baluch Infantry (24 admissions), the 109th Infantry (22 admissions), the 120th Infantry (21 admissions) and the 116th Mahrattas (16 admissions and one death). The head-quarters of the 128th Pioneers was at Quetta, but 51 of the cases occurred among men of the detachment at Robat, being due, it is said, to the absence of fresh vegetables and to the difficulty of sending men on sick leave. Only two of the deaths from this disease occurred at Quetta. The 127th Baluchis were also stationed at Quetta and provided a detachment for Robat where most of the cases of scurvy occurred. The 109th Infantry was located in Santa Cruz (Bombay) where, it is said, fresh vegetables, meat and milk are expensive. In the 120th Infantry nearly all the cases occurred among newly-enlisted men. The 116th Mahrattas were at Aden until October and all the cases occurred there.

42. The admission rate on account of tubercle of the lungs was the same as in 1906, namely, 2·5 per thousand, but the death rate fell from ·52 per thousand to ·33, the total numbers of admissions and deaths being 324 and

Tubercle of the lungs. Appendices  
A. C and E. Tables XXVI to XXIX.



67 in 1906 and 322 and 42 in 1907. Among Gurkhas there were 62 cases and 14 deaths as compared with 63 cases and 29 deaths in the previous year. The disease was, as usual, much more prevalent among this class of the Native troops than among other classes, the admission and death rates for the Native army, excluding Gurkhas being 2·3 and ·24 per thousand, respectively, and for Gurkhas 4·8 and 1·03. That the greater prevalence among this class of men is not due to the climatic conditions of the stations where they are located is shown by the fact that on an average strength of 6,535 Native troops of other classes located during 1907 in the Gurkha stations the admission rate from tubercle of the lungs was only 1·2 per thousand and no death occurred. The disease is also very prevalent among Dogras and in 1907 the largest number of admissions (33) in any regiment occurred in the 41st Dogras who were stationed at Shan-hai-Kwan and Tongshan in North China. The unsatisfactory housing arrangements for the troops in these stations were referred to in last report, but on the 1st of September 1907 the old barracks were given up and the troops are now quartered in well lighted, amply ventilated, and adequately warmed barracks of a size sufficient to prevent any overcrowding and situated on the sea coast, so it may be hoped that the prevalence of tubercular diseases will diminish. That the severity of the winter is not the chief reason for the great prevalence of the disease is shown by the fact that in the 47th Sikhs who were quartered in good barracks in Tientsin only eight cases of tubercle of the lungs occurred during the year. Among regiments located in India the largest numbers of admissions were recorded in the 2-5th Gurkhas at Abbottabad (10) and in the 2-1st, 1-9th and 2-9th Gurkha Rifles at Dharmasala and Dehra Dun (8 in each). The medical officer of the 2-5th Gurkhas states that owing to the barracks having been overcrowded the regiment was at one time badly affected with phthisis. New barracks are now being built, and while they are being got ready overcrowding is prevented by accommodating a number of men in tents. All men in the regiment are examined frequently, and anyone found to be suffering from tubercle is invalided at once. The barracks are disinfected with perchloride of mercury once a fortnight. It is stated that as a result of these measures no case of tubercle occurred in the regiment after July.

43. The admission rate on account of pneumonia was 12·4 per thousand and the death rate 1·99 as compared with rates of 9·0

Pneumonia and other respiratory diseases. Appendices A, B, C, and H. Tables XXVI to XXIX and XXXVII.

and 1·56 per thousand, respectively, in 1906. The disease was more prevalent than in the previous year in nine of the twelve geographical groups, the increase being greatest in the North-West Frontier group (VII), where the admission rate rose from 10·0 in 1906 to 23·0 in 1907. The months of greatest prevalence were, as usual, January, February, March, November and December. Among stations where the average strength was over 100 the highest admission rates were recorded in Fort Sandeman (59·5 per thousand) and at the Malakand (53·2) and as regards regiments the highest rates were recorded in the 7th Rajputs at the Malakand, the 106th Hazara Pioneers at Quetta, the 56th Punjabis at Fort Lockhart and the 1-2nd Gurkha Rifles at Dehra Dun. Nearly all the stations just mentioned are hill stations less than 5,000 feet above sea level. It will be seen from Appendix C. that the statistics of native troops in hill stations below this height are always unfavourable.



Other respiratory diseases were most prevalent during the year in the Northern army and in groups III (Assam), X (Western Coast), VII (North-West Frontier) and IV (Bengal-Orissa). For the whole Native army the admission and death rates from these diseases were 26·5 and ·20 per thousand as compared with 22·9 and ·13 in 1906. Omitting stations where the average strength was less than 100 the highest admission rates were recorded at Hong Kong (113 per thousand) Dibrugarh (93), Buxa (88), Santa Cruz (87) and Peshawar (80), and among regiments the highest numbers of admissions occurred in the 129th Baluchis at Hong Kong, the 53rd Sikhs at Peshawar, the 3rd Sappers and Miners at Kirkee and the 1-6th Gurkha Rifles at Abbottabad. There were in all twenty-five deaths ascribed to these diseases, of which eleven were due to bronchitis, four to pleurisy, four to broncho-pneumonia, three to empyema and one each to laryngitis, non-tubercular phthisis and œdema of the glottis.

44. Dysentery was less prevalent than in the previous year, but the number of deaths was nearly the same. The stations where the disease caused the highest admission rates during the year were Aden, the Malakand, Santa Cruz, Barrackpore, and Fort Sandeman. The medical officer of the 127th Baluchis, in which regiment the disease, although of a mild type, was most prevalent, considered that the quality of the water was the chief cause. He found that it contained large quantities of inorganic salts and that it was polluted with organic matter.

There were in all 859 admissions to hospital and two deaths from diarrhœa as compared with 926 and 10 in 1906. The regiments in which most cases occurred were the 113th Infantry, the 129th Baluchis, the 119th Infantry and the 94th Russell's Infantry. The 113th Infantry was transferred from Aden to Bombay in October and the medical officer considered that the change from the dry heat of Aden to the moist climate of Bombay was chiefly responsible for the prevalence of the disease. In Aden also the supply of pure drinking water is limited and perhaps the men are not sufficiently careful to use only this water for drinking and cooking purposes.

45. The statement in the margin shows that while the admission rates from venereal diseases among both Native and European troops have decreased steadily during recent years the decrease among Native troops has not been so marked as among European troops. It shows also that, as judged by the statistics of the year, venereal diseases were about six times as prevalent among the European as among the Native troops during 1907. When the total figures are referred to (Tables IV and XXIX) it is seen that while among European troops an annual average strength of 69,332 gave 6,236 admissions from venereal diseases, in the case of Native troops an annual average strength of 126,392 gave only 1,864 admissions. The numbers of deaths and

Venereal diseases. Appendices B. and F. Tables XXVI to XXIX.

Years.	VENEREAL DISEASES, ADMISSION RATES PER 1,000.	
	Native Troops.	European Troops.
1903 ... ..	24·5	247·0
1904 ... ..	20·6	198·5
1905 ... ..	19·6	153·7
1906 ... ..	16·2	117·3
1907 ... ..	14·7	89·9



invalidings among Native troops have also decreased during recent years; in 1907 there were 2 deaths and 47 invalidings as compared with 8 and 55 in 1906, 7 and 79 in 1905 and 6 and 107 in 1904. The diseases are always less prevalent among both European and Native troops located in the Punjab than in other parts of India, and in 1907 the admission rate among Native troops in the Northern army was 12·8 per thousand as compared with a rate of 18·3 per thousand in the Southern army. The greater incidence of the disease among Gurkhas than among men of other classes was not so marked as usual in 1907, the admission rate among Gurkhas being only 20 per thousand as compared with a rate of 14 per thousand among the remainder of the troops. Excluding stations at which the average strength was less than 100 the highest admission rates among Native troops in the Northern army were recorded at Almora, Manipur, Fort William, Chumbi and Dehra Dun, and among troops in the Southern army at Nowgong, Bellary, Belgaum, Madras and Ahmednagar. Among all the Native troops in India the admission rate for syphilis was 4·9 per thousand, for soft chancre it was 4·0 per thousand, and for gonorrhœa it was 5·8 per thousand as compared respectively with the figures 5·3, 4·6 and 6·2 in 1906.

46. There were only seven admissions to hospital and there was no death from beri beri during 1907 as compared with 41 admissions and 3 deaths in the previous year. Six of the cases occurred in the 81st Pioneers, stationed in Aden and the Aden Hinterland, the remaining case occurring in the 63rd Palamcottah Light Infantry at Fort William. The medical officer of the 81st Pioneers states that all the cases in that regiment were of the "dry" variety and of a mild type.

47. There were 472 admissions to hospital for guinea worm as compared with 500 in 1906 and 609 in 1905. As usual the largest number of cases occurred in group VIII (Central India) and as regards stations at Kherwara, where the Meywar Bhil Corps was stationed, the number of cases in this regiment during the year amounting to 52 or a ratio of 86·1 per thousand of strength.

48. During the ten years 1897 to 1906 there were altogether 137 cases of suicide, an average of about 14 per annum. There were only nine in 1907, of which seven were by gunshot, one by opium poisoning and one by drowning.

#### PAPERS AND BOOKS REFERRED TO IN SECTION III.

*For list of abbreviations see end of Section II.*

*Typhus fever.*—<sup>1</sup>Yersin and Vassal in P. J. S. Volume III, April 1908, page 131; Husband in I. M. G. June 1908, page 201; Hepper in I. M. G. June 1908, page 205.

*Relapsing fever.*—<sup>1</sup>Sergeant and Foley reported in B. I. P. VI, 30th June 1908, page 553.

*Malta fever.*—<sup>1</sup>See Bruce in N. of May 14th, 1908, page 39, Bassett-Smith in J. R. A. M. C. X, No. 1, page 1; Eyre in L. of June 13th, 1908, page 1680, June 20th, page 1747, June 27th, page 1826; see also L. of October 5th, 1907, page 972 and December 28th, page 1853; <sup>2</sup>Brayne in I. M. G. December 1907, page 441.



## SECTION IV.

### JAILS OF INDIA.

49. The record of the health of prisoners in Indian jails is one of consistent progress; while the death rates among the general population are rising those among the prisoners are falling, and although the rates among both classes of people fluctuate from year to year the fluctuations in the jail death rates are becoming less frequent and less marked. The rates are falling more steadily than formerly, and it is justifiable to say that this is because in jails the arrangements for counteracting the influences of adverse climatic conditions and for preventing the spread of communicable diseases are improving every year. There is no doubt that at the present time prisoners in Indian jails live under conditions which in nearly all respects are very favourable to health; cholera and plague, the scourges of the general population, scarcely affect the prison statistics, and in preventing the spread of other communicable diseases medical officers have attained a high degree of success. The best methods for the prophylaxis of nearly all such diseases are well known in jails and, if adequate appliances are forthcoming, every year should show advance in this important matter. To counteract the influences of climatic conditions which cause the admission into jail of large numbers of famine-stricken, weakly, and unhealthy prisoners is a task of great difficulty, especially because the population of the jails is ever changing and because in times of hardship many old and infirm persons seek a place of refuge in the jails. The influence of such conditions must always be, to a great extent, unavoidable, and it is the factor which often defeats the efforts of the most resourceful medical officer.

The climatic conditions of 1907 were abnormal and in most provinces were unfavourable to prosperity, which in India is a factor of much importance in connexion with health. January was a very dry month but during February, March, and April the rainfall on the plains was far in excess of the normal and caused much damage to the *rabi* crops especially in the Punjab and Bengal; the monsoon rains arrived late, were persistently feeble except for a brief period, chiefly in August, and withdrew extremely early, thus affecting very injuriously the *kharif* crops in most provinces; the months of October, November, and December were unusually dry. Especially during the latter part of the year the prices of food grains were everywhere higher than normal, and conditions of scarcity were felt in a number of districts. Except in Bengal and Lower Burma cholera was less prevalent than in 1906 but plague has never been so widespread or severe. Neglecting the prevalence of these diseases, from which the prisoners in jails are almost free, and apart from conditions which led to scarcity, the year was not an unhealthy one and in most provinces the unusual dryness tended to diminish the number of cases of malaria and dysentery.

The health of the prisoners was good and the death rate on an average daily population of 107,675 (or 2,407 less than in 1906) was only 18·51 per thousand, which is the lowest rate ever recorded. In these figures the statistics of convicts in the Andaman islands (where the average strength was 14,411) are included but as the convicts in these islands live under conditions which differ considerably from those in Indian prisons it is advisable to consider the statistics separately.



In the jails of India and Burma the average daily number of prisoners of all classes (convicts, under-trial and civil prisoners) was 93,264 or 2,130 less than in 1906, the rate of admission to hospital was 624 per thousand compared with 658 in that year and the death rate was 17.72 per thousand compared with 19.27. Details of the rates recorded in the different administrations are given in later paragraphs but it is worthy of note here that only in the Punjab, Bombay and the Central Provinces were the death rates higher than in 1906 and that in Burma the exceedingly low rate of 11.88 per thousand was recorded. Some statistics relating to convicts separately will be found in appendices F. and G. in which are given the admission and death rates among convicts in central and district jails respectively in the different provinces, and the death rates among convicts, arranged according to duration of confinement.

50. The following remarks relate to the statistics of prisoners of all classes.

The diseases which caused the highest admission rates were intermittent fever, dysentery, abscesses, ulcers and boils, and diarrhoea; and the most common causes of death were dysentery, tubercle of the lungs, and pneumonia.

Causes of sickness and mortality.

51. The early cessation of the monsoon and the dryness of the autumn months prevented the year from being very malarious. The total number of admissions into hospital on account of intermittent fever was 17,741 or 2,024 less than in 1906, and the admission rate was 190.2 per thousand compared with 207.2 in that year. With the exception of the rate recorded in 1905 (181.7 per thousand) the admission rate in 1907 was the lowest on record. The number of deaths recorded from this disease was 74 as compared with 72 in 1906 and 84 in 1905, the death rate being .79 per thousand as compared with rates of .75 and .91 in 1906 and 1905 respectively. Until July the disease was more prevalent than in the previous year, but the autumnal rise in the number of cases was not nearly so marked as usual. The highest admission rate, 430.3 per thousand, was recorded in the North-West Frontier Province, but in this province no death from the disease occurred. The admission rates in Burma and Madras were only 36.4 and 57.2 per thousand respectively; in other provinces they ranged from 344.7 in Bengal to 157.1 in the Central Provinces. The highest death rate (2.33 per thousand) was recorded as usual in Eastern Bengal and Assam, and the next highest (.98) in Madras. In both these provinces the case mortality also is usually much higher than in others; during the five years ending with 1907 it was about seven per thousand in Eastern Bengal and Assam, and about eleven per thousand in Madras as compared, for example, with a case mortality per thousand of about one in the North-West Frontier Province and about 1.6 in the Punjab, both of which are provinces where the disease is very prevalent. Possibly the explanation lies in the fact that in Eastern Bengal and Assam and in Madras the fatal disease called kala azar, which is not infrequently diagnosed as intermittent fever, is prevalent. The microscope is now used as an aid to diagnosis in a large number of jails, and doubtless the diagnosis of cases in which fever is the most obvious symptom is made with much greater care than formerly, but that there is still room for improvement is shown by an examination of the *post-mortem* records, which indicate that during 1907 cases of pneumonia, bronchitis, tubercle of the lungs, dysentery, ulceration of the intestines, cirrhosis of the liver, chronic Bright's disease, meningitis, and kala azar were diagnosed as "ague".

Intermittent fever.



52. The number of cases of remittent fever recorded during 1907 was only one hundred, which is less than in any previous year, and the death rate was only  $\cdot 15$  per thousand as compared with  $\cdot 21$  in 1906 and  $\cdot 28$  the mean ratio of the five-year period from 1901-1905. The monthly incidence varies from year to year, but it is usually different from that of intermittent fever; during 1907 the largest numbers of cases occurred during July and August. The North-West Frontier Province, where intermittent fever was most prevalent, was the only one in which no case of remittent fever was recorded. One or more cases of the disease occurred in 33 jails, but in only one jail (Cuttack) were more than twenty cases recorded; in the great majority the number did not exceed two. It appears that while a few medical officers use the heading for cases of malarial fever in which the temperature is remittent instead of intermittent, the greater number use it only for cases of fever the nature of which is not wholly clear. In the statistical returns for 1908 and future years such cases will be included, in accordance with the instructions in the new edition of the Nomenclature of Diseases, under the heading "Pyrexia of uncertain origin." The *post-mortem* reports on fatal cases show that in more than one instance all the more usual bacteriological as well as clinical methods of diagnosis were employed without avail in the attempt to discover the cause of the fever, and for this and other reasons it appears probable that the differentiation of Indian fevers is not yet complete.

Apparently quinine prophylaxis was carried out with considerable attention to detail in all the Jails of Bengal, the Punjab, the North-West Frontier Province and Burma, and in these provinces the Inspectors-General have issued instructions to all superintendents of jails detailing the method of distribution of the quinine and the precautions to be taken to guard against failure. In Bengal and the North-West Frontier Province the usual procedure is to give a dose of fifteen grains of quinine sulphate on two successive days each week, and in the Punjab a similar dose is given once a week to all male prisoners and a dose of ten grains to all female prisoners. In Bengal it has been found that cases of cinchonism and vomiting after the prophylactic doses are extremely few if they are dispensed in three or four ounces of water instead of in only one ounce. In Burma the practice is to treat all prisoners who have suffered much from malaria before admission to jail with ten grains of quinine twice weekly until the disease is eradicated. The dates between which the measure was carried out were in Bengal and the North-West Frontier Province the 1st of July and the 30th of November; in the Punjab the measure was carried out during four months. Little or no information about this measure is given in the reports from other provinces. The Inspector-General of Prisons, Madras, says that it was carried out in seven jails, but that there is a want of uniformity in the methods of administration. Apparently the measure was very successful in the large central jail at Trichinopoly, where according to the report of the medical officer the prisoners received a dose of fifteen grains of quinine on three successive days at intervals of six days for three months. The Inspector-General of Prisons in the United Provinces considered that quinine prophylaxis might be tried more fully with benefit. The matter is not referred to by the Inspectors-General of Prisons in the Central Provinces\* and Eastern Bengal and Assam, and as regards Bombay it is stated that quinine was issued for prophylactic use, but no details are given.

\* The Inspector-General of Prisons, Central Provinces, has recently (June 1908) issued a detailed circular containing instructions for the carrying out of quinine prophylaxis in all malarious jails.



Malarial fever is by far the most frequent cause of sickness in nearly all jails, and since it is a matter of common knowledge that in communities under complete control the number of cases of this disease can be reduced in a remarkable manner by carrying out efficiently the measure of quinine prophylaxis it would doubtless be of advantage if, for every jail in the different administrations, special instructions regarding the carrying out of this measure were issued by Inspectors-General. This recommendation does not imply that the instructions should necessarily be similar for every jail in an administration; some jails are only slightly malarious and the season of malaria is not the same in all localities, so that the doses of quinine, the intervals of time between the doses, and the dates between which the measure shall be carried out must be arranged to suit the requirements of each case. It should not be difficult, in consultation with the medical officers of different jails, to come to a decision as to the best plan to be adopted in each jail and there is little doubt but that the results would justify the labour involved.

53. Dysentery has never been less prevalent and has never caused a lower mortality in the jails of India than during 1907.

**Dysentery.** The disease caused 6,328 admissions into hospital and 240 deaths, as compared with 7,525 admissions and 310 deaths in 1906. The admission rate per thousand in 1907 was 67·9 as compared with 78·9 in 1906, and the death rate 2·57 as compared with 3·25. The disease was less prevalent than in the previous year in all administrations except Burma and the North-West Frontier Province, and the death rates were lower in all administrations except the United Provinces and the Central Provinces. As in previous years most cases occurred during August. The fatality of all the cases recorded in India was 3·8 per cent. as compared with 4·1 per cent. in 1906, but it varied greatly in different administrations, from 12·73 per cent. in the Central Provinces to only 2 per cent. in Bengal.

54. The number of cases of diarrhœa admitted to hospital was 3,207 and the number of deaths was 75, the admission and death rates per thousand being 34·4 and ·80, respectively, as compared with 39·1 and ·73 in 1906. The highest admission rates per thousand were 103·1 in the North-West Frontier Province, 75·6 in Eastern Bengal and Assam and 71·9 in Bengal, and the lowest 6·0 per thousand in Madras. Most of the prisoners who died from this disease were old men, many of whom before admission to jail were beggars. A considerable number, too, were confirmed opium-eaters. The mean age of those who died from this disease in 1907 was over 46 years. At the *post-mortem* examinations of fifteen cases ulceration of the intestines, evidently of long-standing, was found. Infirm prisoners on their admission are, of course, placed in a special gang and their dieting is a matter which receives attention but it is possible that the abundance of food which prisoners in jail receive may be, in the case of the "toothless old men" to whom some medical officers refer, a factor of importance in causing the diarrhœa from which these prisoners succumb.

55. The number of admissions to hospital on account of these diseases rose from 2,400 to 2,568. The death rate was ·73 per thousand as compared with ·71 in 1906. The diseases were most prevalent in Bombay and the Punjab and least so in Burma. Of the 68 deaths 25 were due to bronchitis, seven to gangrene of the lungs, seven to asthma, six to broncho-pneumonia, six to congestion of the lungs, five to pleurisy, four to laryngitis, three to emphysema

**Respiratory diseases other than pneumonia.**



and one each to œdema of glottis, pneumothorax, hæmoptysis, phthisis, œdema of the lungs.

56. There was a considerable increase in the prevalence of pneumonia, the number of cases being 1,074 as compared with 963 in 1906 and 896 in 1905. The death rate increased from 2·55 per thousand in 1906 to 2·90. The Punjab, the United Provinces, the North-West Frontier Province and Bombay were the administrations in which the disease was most prevalent. As a rule patients suffering from pneumonia in jails are promptly isolated, and when they have recovered or died, their bedding and clothing is disinfected as well as circumstances permit. In many jails, however, it is difficult, especially during the rainy season, to secure adequate disinfection and subsequent drying of blankets with the means at present available. It is the custom of most native patients to cover their heads and faces with the bed clothes and to cough and sometimes to spit without lifting their heads from beneath the blankets; for this reason it is probable that no means short of steam sterilization in an efficient apparatus can ensure thorough disinfection of the bedding of patients suffering from pneumonia, tuberculosis, and other infectious diseases. It is satisfactory therefore to find that in one or two provinces, central jails have been supplied with a steam disinfecter.

57. The admission and death rates from tubercle of the lungs were only 7·5 and 2·74 per thousand respectively, as compared with 8·8 and 3·21 in 1906, and the death rate, with the exception of that recorded in 1895, was the lowest on record. The decrease, however, was confined to Bengal, the United Provinces, Madras and Burma; in all other administrations the admission and death rates were increased.

One of the most important factors in bringing about a reduction in the prevalence and fatality of tubercle of the lungs is the discovery of cases in an early stage. The degree of success which at present attends the search for signs of this disease, may be estimated to some extent from the figures of case mortality, from the figures showing the average duration of each fatal case, and from the results of *post-mortem* examinations on patients whose deaths have been wrongly recorded from diseases other than tuberculosis. Although the admission rate is usually highest in Bengal, the case mortality rate in this province is always lowest, and it has been steadily decreasing for a number of years. This is doubtless due in part to the better arrangements which exist for the treatment of patients, but in part it must be ascribed to greater success in discovering cases at an early stage. We may, indeed, regard with equanimity an increase in the admission rate in any province if it is not accompanied by an increase in the number of deaths and especially if it is accompanied by a diminution in the case mortality rate. The figures showing the average duration of each case from the time of its discovery to the time of the patient's death can be given for only three years—in 1905 among convicts who had been upwards of three years in prison when they were found to be suffering from tubercle it was 124 days, in 1906 it was 100 days and in 1907 it was 129 days. It may be hoped that in the near future this figure will become much higher. An examination of the *post-mortem* records for 1907 shows that even yet the presence of tubercle of the lungs is discovered in a number of cases only after the death of the patient. The diagnosis of the disease in its earliest stages is often difficult, but it is the patients in



these stages who are most likely to be benefited by treatment in the special open air wards which have been constructed in a number of jails, and for this and many other reasons the matter is of great importance. In connexion with it attention may be drawn to recent work regarding Calmette's ophthalmoreaction test and von Pirquet's cuti—or dermo-reaction test for tuberculosis. These tests are very easily carried out and have been tried extensively in nearly all countries. Unfortunately, although it appears that the majority of observers consider them to be of great value, some have reported results which show that it is not always easy to interpret the reactions correctly, and some have reported cases in which the ophthalmotest has been followed by a reaction so violent as to have led to ulceration and considerable opacity of the cornea with consequent impairment of vision. It appears probable that of the two tests the cutaneous one is the easier, the less severe, the less painful, and, possibly, the more trustworthy. Lignières has described a modification of von Pirquet's method, in which after a small area of skin has been shaved it is rubbed with a pad of cotton wool impregnated with tuberculin or dead tubercle bacilli. In the absence of tuberculosis no inflammatory reaction results but in the tuberculous the operation is followed by some oedema, redness, and sensitiveness of the skin and in most cases by an eruption.

58. The yearly number of admissions into hospital under the heading anæmia and debility has not varied greatly during the last five or six years. In 1907 there were 1,048 cases and 42 deaths ascribed to this cause, as compared with 1,193 cases and 52 deaths in the previous year. The term describes symptoms common to many diseases, and for this reason its use is to be discouraged as far as possible, but it must be admitted that, for the condition present in old, infirm prisoners who, although not suffering from a definite disease are gradually getting more and more feeble, the term is not inappropriate. It is for such conditions only that the heading is now used by a number of medical officers, and of the 42 deaths recorded under it in 1907 no fewer than seventeen were considered by the medical officers to have been due to old age. On the other hand the *post-mortem* records show that in some jails more care in diagnosis is necessary.

59. The prevalence of the chief epidemic diseases among the jail population during 1907 may be indicated briefly. Cholera, Epidemic diseases (2). small-pox, enteric fever and influenza were all less prevalent than in 1906, but plague caused 59 attacks with 30 deaths as compared with nineteen and eight respectively in that year. There were 140 cases of cholera with 55 deaths, the only considerable outbreak occurring in the Coimbatore central jail, in which there were 74 cases and 32 deaths. Small-pox caused 65 cases with only six deaths, and enteric fever the same number of cases with nineteen deaths. As usual no case of enteric fever occurred in the great majority of the jails, and the only jails in which more than one case occurred were the Cannanore central jail, the Lahore central jail, the Hyderabad central jail, and the district jails at Madura and Kohat. Influenza caused 454 admissions to hospital, more than half the cases occurring in Eastern Bengal and Assam. The administrations of Bengal, Madras, Bombay, the North-West Frontier and Burma were almost or completely free from the disease. Plague did not occur in the jails of Madras, Eastern Bengal and Assam or the North-West Frontier, and there were only two cases in the jails of Burma and three in



those of the Central Provinces. Of the remaining cases twenty-one occurred in the United Provinces, fifteen in the Punjab, eleven in Bengal, and seven in Bombay. Fifty-six cases of epidemic dropsy with five deaths and 107 cases of beri-beri with twelve deaths were reported during the year. Captain Munro, I.M.S., Deputy Sanitary Commissioner of Bengal, investigated epidemic dropsy in the Darjeeling Dooars in December 1907, and in the same month Captain Greig, I.M.S., Officiating Director of the Central Research Institute, made some enquiries regarding an outbreak of a disease resembling beri-beri in the Basti jail. In January 1908 Captain Delaney, I.M.S., was placed on special duty to investigate beri-beri in the jails of Eastern Bengal and Assam. Other medical officers have made observations regarding cases diagnosed under these headings, and a number of articles about them have been written. Apparently the differential diagnosis between the two diseases is not easy, and at least one medical officer is of opinion that although there are two names there is only one disease. As regards the discovery of the cause of the disease or diseases, and as regards the discovery of the mode of spread, little or no advance has been made.

60. The average daily strength of the jail population in Burma rose from 13,369 in 1906 to 13,721 in 1907, and there was more or less overcrowding during some periods of the year in twenty of the thirty central and district jails. The health statistics of the prisoners showed a great improvement as compared with those of previous years, the admission, constantly sick and death rates falling from 280, 16, and 14·81 per thousand, respectively, in 1906 to 256, 14, and 11·88 per thousand in 1907. The three rates were the lowest on record for Burma. The death rate of the prisoners located in the six central jails fell from 13·59 in 1906 to the exceedingly low rate of 10·45, and of those in the district jails from 14·56 to 12·97. Abscesses, intermittent fever, and dysentery were the principal causes of sickness, and tubercle of the lungs and pneumonia the principal causes of death. The admission rate from intermittent fever fell from 49·7 per thousand in 1906 to 36·4, the rate being far lower than that in the jails of any other administration; and only three deaths from this disease were recorded. The Inspector-General reports that the value of the prophylaxis of malaria by the use of quinine is fully recognised, and that, on the whole, the measure appears to be carefully carried out. The microscope is largely used in a number of jails, and good instruments were supplied to the jails at Thayetmyo, Moulmein, and Mandalay during the year. Dysentery caused 275 admissions to hospital as compared with 243 in 1906, but there were only ten deaths as compared with twenty in that year. Iron drums fitted with taps and locks have now been supplied for the storage of pure water in all except two jails. There were only 67 cases of tubercle with 42 deaths as compared with 114 cases with 56 deaths in 1906. The Inspector-General draws attention to the danger of infection from blankets used by tuberculous prisoners, especially during the rainy season when it is difficult to ensure the proper drying of washed blankets. An important advance has been made in this connexion by the provision of a Thresh's disinfecter to each of the central jails in the province. Proposals for the construction of a separate jail or of a ward, as an annexe to one of the existing jails, to accommodate 50 tuberculous prisoners are under consideration by the Local Government. Five cases of cholera (three fatal) and two of plague (one fatal) occurred during the year. In a number of the jails the store rooms for grain have been made rat proof.



61. Lack of sufficient accommodation is a defect in most of the jails in Eastern Bengal and Assam, and during 1907 with an increase of 439 in the daily average strength there was overcrowding in 19 of the 21 principal jails. Defective drainage and dampness of barracks are the defects most commonly reported by medical officers, and there is separate hospital accommodation for cases of infectious disease in only seven or eight jails. The admission and constantly sick rates in 1907 were lower than in 1906, and the death rate was 29·55 per thousand as compared with 29·69 in that year. There were fewer cases of pneumonia, dysentery, scurvy, anæmia and debility, and abscesses, but nearly all the other principal diseases were more prevalent. In the Barisal jail there were only 92 cases of dysentery and no death as compared with 360 cases with eight deaths in 1906 and 395 cases with nine deaths in 1905. The level of the whole interior of this jail was raised considerably, and improvements in ventilation, water-supply and conservancy arrangements were carried out, which, together with the minute care given to the dieting of the prisoners, doubtless contributed in bringing about the good result. The fatality of ague was as usual high in comparison with its fatality in other administrations, and the statistics and *post-mortem* records indicate that cases of kala azar are sometimes overlooked. Cases diagnosed as beri-beri occurred in four jails, and cases diagnosed as epidemic dropsy in two jails. The Inspector-General reports that as regards the latter disease segregation and a more liberal diet proved an effective check.

62. The mean daily population of the jails in Bengal fell from 14,857 in 1906 to 14,408 in 1907, but in thirty of the thirty-six jails overcrowding existed during a part or the whole of the year. In nineteen jails there is no separate hospital accommodation for cases of infectious disease. Of late years much has been done to improve the amount and nature of the accommodation provided for prisoners and to relieve the defect of "site over-crowding." During 1907 a new district jail was opened at Howrah; additions and extensions to the jails at Arrah, Bankipore, Gaya, Puri, and Cuttack were completed; the jails at Purneah and Balasore were being enlarged and improved; the jail at Khulna was being rebuilt; the dormitories in the central jail at Midnapore were being reconstructed; and many improvements were effected in the jails at Monghyr, Jessore, Krishnagar, Bankura, and Daltonganj. The native Presidency jail at Calcutta is soon to be demolished, and the rebuilding of the barracks and enlargement of the jail at Purulia has been sanctioned.

The health statistics of the prisoners during 1907 compared very favourably with those of previous years. The rate of admission into hospital fell from 1008·8 per thousand in 1906 to 938·2, the constantly sick rate from 38·0 to 35·6, and the death rate from 23·36 to 16·94, which is considerably lower than the rate recorded in any previous year. The principal causes of admission into hospital were intermittent fever (36·74 per cent. of all admissions), dysentery (15·26) and diarrhoea (7·66); and the principal causes of death were tubercle of the lungs (18·4 per cent. of all deaths), dysentery (16·8) and pneumonia (15·6). Intermittent fever caused an admission rate of 344·7 per thousand as compared with a rate of 330·7 in 1906, and the death rate was ·90 as compared with ·81. The Inspector-General reports that operations against mosquitoes as well as other anti-malarial measures, including the use of quinine as a prophylactic, are carried out in all jails. It is said that in the majority



of jails the dose of quinine for prophylactic purposes was fifteen grains which was given to the prisoners by selected convict overseers at 6 A.M. on Saturdays and Sundays from July to the end of November. Dysentery was much less prevalent than it has ever been, the admission rate being only 143·2 per thousand and the death rate 2·85 per thousand as compared with rates of 187·6 and 5·72 respectively in 1906. In nineteen jails there was no death from this disease during the year. The great reduction in prevalence was attributed by most medical officers to the short duration of the rainy season. An enquiry into the nature, causation and prevention of dysentery in jails was carried out by Captain Forster, I. M. S., at Midnapore, and the measures adopted on his recommendations doubtless contributed largely in effecting the great reduction in the prevalence and mortality of dysentery in this jail. The admission rate from tubercle of the lungs fell from 15·1 per thousand in 1906 to 12·5 in 1907 and the death rate from 4·31 to 3·12. Only nine cases of cholera (with five deaths) occurred during the year and eleven cases of plague (with nine deaths). Five of the plague cases occurred at the Buxar central jail among a gang of nineteen prisoners who had been employed in emptying and unroofing an old store-room. Several dead rats were found in the room and it was noticed that the prisoners while working were viciously attacked by fleas. Plague was very prevalent in the village and houses in the immediate neighbourhood of the jail walls.

The death rates in six jails where the average strength was more than one hundred were over thirty per thousand, these jails being Krishnagar (52·33), Hooghly (39·04), Purneah (34·35), Purulia (35·00), Puri (35·71), and Jessore (31·98). According to the reports of medical officers there are serious structural defects in nearly all these jails, and all were more or less overcrowded during some periods of the year.

63. A number of the jails in the United Provinces are badly situated near bazaars, and some are reported to be very defective structurally. In about thirteen jails there is no separate hospital accommodation for cases of infectious disease. The average daily strength of the prisoners during 1907 was less by 985 than during 1906, but there was overcrowding during part of the year in twenty-five of the fifty-six jails. Conditions of scarcity existed among the general population during a portion of 1907, and many prisoners were in feeble health on their admission to jail, but while the constantly sick rate was higher than in 1906 the death rate was only 15·03 per thousand as compared with 16·56 in that year. Pneumonia was considerably more prevalent and fatal than in the previous year, but there was a satisfactory decline in the admission and death rates from tubercle of the lungs, from 7·6 and 2·85 per thousand respectively, in 1906 to 5·4 and 1·67 in 1907. The death rate from dysentery was 1·93 per thousand as compared with 1·89 in 1906. There were six jails in which no case of this disease occurred, and 23 in which the number of cases did not exceed ten. Death rates over thirty per thousand were recorded in six jails where the average annual strength was over 150, the highest rates among prisoners in these six jails being 53·10 per thousand recorded in the Saharanpur district jail, 46·05 in the Basti district jail, 42·55 in the Ghazipur district jail, and 38·89 in the Gorakhpur district jail. In the Saharanpur jail dysentery was very prevalent. The Inspector-General reports that the jail is very defective



structurally, but that it has been much improved and is now in fair sanitary condition. Funds have been allotted for a separate dysentery ward in this jail. In the Basti jail an outbreak of "beri-beri" which caused 81 admissions to hospital and four deaths occurred during November and December. This was the only jail in which cholera appeared during the year; there were two cases of which one was fatal. The Ghazipur jail is old and structurally very defective but the Inspector-General reports that attempts are being made to improve the ventilation and lighting of the barracks. During the year under notice the jail contained an unusually large number of old and infirm prisoners. In the Gorakhpur jail dysentery was more prevalent than in any other. Many prisoners were in bad health on their admission to the jail, and of the twenty-one who died, fourteen had to be admitted at once to hospital and four to special or infirm gangs.

64. The daily average population of the jails in the Punjab has been falling more or less steadily since 1901, and in 1907 it was only 11,154 as compared with 11,744 in 1906. Although the accommodation in all the jails is for a much larger number than this, the necessity of distributing the prisoners by classes renders the prevention of overcrowding in some jails difficult, and during 1907 the central jails at Montgomery and Lahore were seriously overcrowded throughout the year. The Inspector-General draws attention to the pressing need for the erection of the proposed central jail at Ludhiana. A proposal has been made to establish at Kasauli a subsidiary jail to accommodate prisoners bitten by rabid animals. The rate of admission to hospital decreased from 736.6 per thousand in 1906 to 706.8 in 1907, but the constantly sick rate rose from 26.0 to 30.3, and the death rate from 15.75 to 19.81. The admissions from intermittent fever, which was the principal cause of sickness, were less by 845 than in 1906, but in view of the great care exercised in the distribution of quinine as a prophylactic the Inspector-General had anticipated a more striking improvement. He examined the methods of distribution in 23 jails, and found that where the procedure was free from fault there was practically no malaria among the prisoners. Tubercle of the lungs, pneumonia, and dysentery were the principal causes of death being responsible for 19.5, 20.4, and 10.4 per cent. respectively of the total number of deaths recorded. Tubercle of the lungs caused 118 admissions into hospital, and 43 deaths as compared with 86 admissions and 45 deaths in 1906. In the Montgomery central jail there were 38 cases with 16 deaths during the year. Funds had been allotted for building a special open air ward for tuberculous patients in this jail, but, when famine threatened, the allotment had to be withdrawn. A special ward was built in the Rawalpindi jail during the year. Pneumonia caused 215 cases and 45 deaths against 130 cases and 31 deaths in 1906. Ten of the deaths occurred in the Montgomery central jail and six in the Mooltan central jail. Dysentery was less prevalent and caused less mortality than in the previous year. No case of cholera occurred in the jails and only fifteen cases of plague (eight of which were fatal). In view of the terrible prevalence of plague among the general population of the province the fact that although many jails were threatened the disease did not spread in any, shows how successful were the methods employed.

65. In this administration there are five jails, the accommodation being for 1,515 prisoners of all classes. The average strength of the jail population in 1907 was 1,183, and there was overcrowding in the Abbottabad jail for 175 days, in the Kohat jail for 41

Punjab.

North-West Frontier Province.



days, in the Peshawar jail for sixteen days, and in the Bannu jail for eleven days. Sickness and mortality were considerably less than in the previous year, the admission rate being 1208·8 per thousand and the death rate 17·75 per thousand as compared with rates of 1464·6 and 25·38 respectively in 1906. Intermittent fever caused 35·59 per cent. of the total admissions to hospital, but the admission rate was only 430·3 per thousand as compared with 809·2 in 1906, and there was no death from this disease during the year. In accordance with the instructions of the administrative medical officer quinine was issued to all convicts in 15-grain doses every fifth and sixth day from the 1st of July to the end of the fever season. The measure is said to have proved highly beneficial. Dysentery caused 104 admissions into hospital as compared with 102 in 1906, tubercle of the lungs ten as compared with ten, and pneumonia 29 as compared with 31. Diarrhœa was more prevalent than in 1906, and caused 122 admissions into hospital and one death.

66. The average strength of the jail population in the Central Provinces and Berar fell from 3,329 in 1906 to 3,241 in 1907, but the number of under-trial prisoners increased, and there was overcrowding in the wards for these prisoners in eight district jails. The admission and constantly sick rates were lower than in the previous year, but the death rate rose from 13·82 per thousand to 19·44. Intermittent fever, abscesses and dysentery were the principal causes of admission into hospital, and dysentery and tubercle of the lungs the principal causes of death. Intermittent fever caused 29·87 per cent. of the total admissions from all causes, but the admission rate from this disease was only 157·1 per thousand as compared with 196·8 in 1906. At the Saugor district jail the medical officer, Captain Kenrick, I.M.S., found that several patients whose illness had been recorded as malaria were suffering from a form of relapsing fever, spirochetes similar to the *spirillum obermeyer*i being found on microscopical examination of the blood. Dysentery caused fourteen deaths, of which seven occurred in the Raipur central jail where the health statistics of the prisoners compared unfavourably in all respects with those of the previous year. In all the jails there were only twelve admissions to hospital for tubercle of the lungs, but eight of these cases were fatal during the year. They occurred in the following jails: five cases (four of which were fatal) in the Raipur central jail, two cases (both fatal) in the Jubbulpore central jail, one case (fatal) in the Nagpur central jail, one case (fatal) in the Mandla district jail, and one case in each of the jails at Betul, Bhandara, Saugor and Akola. The statistics when compared with those of other provinces indicate a probability that the early discovery of cases of tubercle of the lungs is a matter to which the attention of jail superintendents might be profitably directed. No case of cholera and only three of plague occurred in the jails during the year.

67. The daily average population of the jails in Bombay decreased from 7,925 in 1906 to 7,537 in 1907. The common prison at Bombay and the district prisons at Rajkot and Dhulia were overcrowded throughout the year; there was much overcrowding in the Hyderabad central prison during eight months of the year; the district prison at Dharwar was slightly overcrowded during six months; the Yerrowda central prison during four months; and the Bijapur district prison during two months; and two or three other prisons were overcrowded for a few days only. The admission, constantly sick and death rates were 689, 31 and 20·69 per thousand respectively in 1906 as compared with 693, 32 and 20·96 in 1907. Intermittent fever, which was the principal cause of sickness during 1907, and pneumonia, which was the principal cause of death, were both more prevalent than in 1906 but there was a satisfactory decline in the admission and death rates



from dysentery, and no case of cholera occurred during the year. The increase in the prevalence of ague was greatest in the Yerrowda central prison, the large number of cases being attributed to the fact that quinine prophylaxis was not carried out so carefully as in the previous year. Pneumonia caused 149 admissions to hospital and 44 deaths, of which 62 admissions and eighteen deaths occurred in the Hyderabad central prison and 53 admissions and thirteen deaths among the Sind gang. The overcrowding which existed in the Hyderabad central jail was considered by the medical officer to be the chief cause of the large number of cases of respiratory disease in that jail. The prisoners in the Sind gang are employed on railway work and live in camp, so that they are more exposed to the influences of climatic changes than are prisoners in the jail enclosures. Tubercle of the lungs caused 44 cases and nineteen deaths as compared with 40 cases and fifteen deaths in 1906. There was no case of this disease among the prisoners in the Deccan or Sind gangs, both of which are engaged entirely in extra-mural labour.

68. There are now eight central and eight district jails in the Presidency as the Nellore district jail was closed on the 1st of July 1907. The daily average strength of the prisoners fell from 10,428 in 1906 to 10,166 in 1907. There was overcrowding in the Tanjore district jail for 84 days, in the Salem central jail for 40 days, and in the Bellary central jail for 17 days. The rate of admission to hospital fell from 416.5 per thousand in 1906 to 375.6 and the death rate from 21.77 to 18.79. Malarial fevers and dysentery were the principal causes of sickness, and cholera and dysentery the principal causes of death. The admission rate from malarial fevers was 57.2 per thousand as compared with 60.2 in 1906, but ten deaths were returned under this heading as compared with only two in that year. The Inspector-General reports that quinine was used as a prophylactic in seven jails, but that there was a want of uniformity in the methods of administration. The measure appears to have been attended with excellent results in the large central jail at Trichinopoly, for in this jail there were only thirteen admissions to hospital on account of malarial fever (with no death) during the year; the medical officer reports that for three months a dose of fifteen grains of quinine sulphate was given to the prisoners on three successive days with weekly intervals. The admission rate from dysentery was considerably lower than in 1906, and there were only twenty-nine deaths from this disease as compared with forty-five in that year. Cholera caused 106 admissions to hospital and 39 deaths, of which 74 admissions and 32 deaths occurred in the Coimbatore central jail. The medical officer of this jail reported that the outbreak appeared in an explosive way and was undoubtedly water-borne. The first patient was a man who had been five years in the jail. The origin of the outbreak was not definitely traced, but cholera was prevalent in many parts of the district and a number of prisoners came from places infected with the disease. The admission rate from tubercle of the lungs fell from 9.7 per thousand in 1906, to 6.5, the lowest rate since 1894, but there were twenty-five deaths from this disease as compared with twenty-six in 1906. In the Bellary central jail a special ward for the treatment of tuberculous patients on the open air system was completed during the year, and this ward as well as the one in the Trichinopoly central jail are utilized for patients from other jails in the Presidency.

69. There was no overcrowding in the jail at Ajmer during 1907. The water-supply from the jail wells was insufficient and water had to be purchased. The average annual strength of the prisoners was 387 and 197 admissions into hospital, and six deaths occurred during the year, giving ratios of

Ajmer-Mercara, Quetta and Secunderabad.



431.5 and 15.50 per thousand respectively as compared with 412.9 and 21.51 in 1906. In the Mercara jail, where the average annual strength was 89, there were eleven deaths during the year, three of which were due to dysentery and one to phthisis. At Quetta, where the average strength was 46, and at Secunderabad (average strength 79) there was no death during the year.

70. The convicts in the Andamans live under conditions which in many respects are very different from those in Indian prisons, and because they are scattered over a wide area and engaged upon work which necessitates large parties being sent to distant islands or stations where there is no medical officer, the supervision of all matters relating to health, dieting, and labour, so necessary to combat the influences of the peculiar and trying climate, cannot reach that degree of perfection which is such a prominent feature of the conditions under which the convicts in Indian prisons live. The present senior medical officer, Major Fearnside, deals with this problem of supervision at some length in his annual report; he points out that in the absence of such close supervision as is exercised in an Indian jail, prisoners are often drafted to labour for which they are physically unfit, and that as regards the food supply of the convicts one of the most unsatisfactory features of the settlement is the pilfering of food which occurs in the numerous kitchens. He considers that much of the ill-health of the convicts is due to their not receiving the full supply of food to which they are entitled, and notes that in 1906 it was found that 73 per cent. of the convicts had lost weight. The average strength of the convict population during 1907 was 14,411 or 277 less than in 1906, and there was no overcrowding during the year. In comparison with previous years the health statistics are favourable, but they are still far from being satisfactory in the light of the fact that the convicts are very carefully selected before transportation. The admission and constantly sick rates were as usual very high, but the death rate was only 23.59 per thousand as compared with 27.30 in 1906 and 38.96 in 1905. The reduction in the death rate was due to smaller numbers of deaths from dysentery, malaria and pneumonia, and it was greatest among new arrivals; among labouring convicts (excluding new arrivals) the death rate was slightly higher than in 1906. In accordance with the recent instructions by which the age limit for transportation was reduced from 45 to 40 years and by which no convict who had suffered from fever, dysentery, or lung disease, was to be transported to Port Blair until he had performed ordinary labour and maintained good health, for at least three months subsequent to his illness the selection of convicts for transportation had been carried out more strictly in India and the senior medical officer reports that new arrivals were posted to healthy stations in the settlement. In the female jail, which is under the charge of a commissioned medical officer there was no death during the year, and this is attributed to better supervision and to improvements in the water-supply. Dysentery, malaria and tubercle of the lungs continue to be the most important diseases of the settlement. The admission rate from dysentery was higher than in 1906, but the death rate fell to 3.12 per thousand, which is lower than in several of the Indian administrations. The statistics indicate that the importance of admitting patients into hospital at an early stage of the disease is realized. The senior medical officer notes that the seats and partitions of the latrines are of wood and that they become foul. He recommends that they should be renewed every few years, but in view of the probable mode of spread of dysentery it would be preferable to construct the latrines without seats, on the pattern of those in Indian jails.



Despite the greatly increased rainfall during 1907, or perhaps in consequence of it—for the influence of rainfall on the prevalence of malaria in very wet climates is not yet clearly known—the admission rate for ague was less than in the previous year. Mosquito brigades were employed in Ross, Aberdeen, and Viper, and Major Fearnside considers that they should be employed throughout the settlement. The admission rate for tubercle of the lungs rose from 6.9 per thousand to 8.2, but there was a slight decrease in the death rate. A hospital for female prisoners suffering from this disease was constructed at South Point during the year.

#### PAPERS AND BOOKS REFERRED TO IN SECTION IV.

*For list of abbreviations see end of Section II.*

(1) *Ophthalmic and cutaneous tests for tuberculosis.*—The literature dealing with these tests is now enormous in amount. A large number of articles will be found referenced in B. I. P. VI, No. 5, 1908, pages 202—211, No. 9, 1908, pages 388-398, and No. 11, 1908, pages 500-503; other articles are referenced in J. P. P. G., No. 2, dated 15th March 1908, page 365 and a fairly complete list up to January 1908 will be found in J. A. M. A., March 23rd, 1908, page 1712; an exact description of the method of performing von Pirquet's test is given in J. H. H. B. July 1908, page 190; articles in the following journals should also be consulted, D. M. W. 30th April 1908, page 777 (Klieneberger), C. B. XLVI, 1908, heft 4, page 373 (Lignieres), J. A. M. A. February 29th, 1908, page 687 (Warfield), March 21st, 1908, page 961 (Rosenau), June 27th, 1908, page 2124 (Parker) and page 2133 (Satterlee), L. of April 4th, 1908, page 1032 (Sturrock), and April 18th, 1908, pages 1163 and 1182.

(2) *Epidemic dropsy and Beri-Beri.*—See I. M. G. November 1907, page 422, February 1908, page 53, April 1908, pages 124 and 128, May 1908, page 167; also J. T. M., March 2nd, 1908, page 69.



## SECTION V.

### VITAL STATISTICS OF THE GENERAL POPULATION.

The general climatic conditions of the year 1907 were characterised by the late arrival of the monsoon currents, their persistent feebleness except for a brief period, chiefly in August, and their extremely early withdrawal. The prices of food grains ruled high nearly everywhere, which must undoubtedly have affected the public health : indeed, as it is expressed by the Sanitary Commissioner for Bengal, the poorer classes in many places were, owing to high prices, obliged to live on unsuitable and unwholesome food. The meteorological conditions and level of prices in the several provinces are briefly detailed in the succeeding paragraphs.

The total population under registration in British India is now the same for both births and deaths. Till the year 1906, the population under registration for births was less than that under registration for deaths, the reason being that in Upper Burma the registration of births was confined to thirteen towns. Since the 1st January 1907 the registration of births has been undertaken in both the towns and rural areas of eleven districts in Upper Burma. The total population now under registration in British India stands at 225,921,260. This shows a decrease on the total of 226,125,682 among whom deaths were registered during the preceding year, and is accounted for by the elimination of the population of tracts not under registration in the Hazara district of the North-West Frontier Province, and also by a reduction in the population for which returns of vital statistics were furnished in the Madras Presidency. There are still areas not yet brought under registration, which in the Madras Presidency are composed of the hill tribes of the Ganjam and Vizagapatam districts, the people of the Laccadive and Amindivi Islands and of an estate in Kurnool ; in Eastern Bengal and Assam, the hill districts ; in Bengal, Angul ; in the North-West Frontier Province, as already stated, certain tracts of the Hazara district ; and certain areas in Lower Burma and considerable areas in Upper Burma. The population figures used in this section are those of the census of 1901 which, as explained in the last report, become less accurate for the calculation of ratios of births and deaths as the date of the census recedes.

71. The total number of births recorded during the year 1907 amounted to 8,505,563 as compared with 8,448,478 during 1906. The birth rate per thousand on the census population was 37·65 in 1907, against 37·80 and 39·13 in 1906 and 1905, respectively. The rate for the quinquennium ending with 1905 was 38·41 and for the quinquennium ending with 1906, it was 39·23. The Central Provinces which had occupied the highest place in 1906 with a ratio of 51·72 per thousand, again showed the highest rate, *viz.*, 52·46 per thousand, and excluding the small provinces of Coorg and Ajmer-Merwara, where the rates were 23·83 and 31·20 per thousand, respectively, the lowest rate was again recorded in the Madras Presidency, 30·8, against 30·9 the year before. Five provinces showed increased birth

Births in British India.



rates compared with 1906, *viz.*, Bengal (.38), the United Provinces (.96), the Central Provinces (.74), Lower Burma (.32), and Ajmer-Merwara (2.29); while the decreases were, in Eastern Bengal and Assam (.37), the Punjab (2.9), North-West Frontier Province (6.1), Madras (.1), Coorg (2.27) and Bombay (.81). Comparison in the case of Upper Burma is not possible as the figures for the years preceding 1907 relate to thirteen towns only, while those for 1907 are for eleven districts. The birth rate exceeded the death rate in seven provinces, the position being reversed in the case of the other five. The highest rates in the former occurred in the Central Provinces (10.76), followed by Eastern Bengal and Assam (7.71) and Upper Burma (7.01), and in the latter, except for the high rates in the Punjab (21.3) and Coorg (11.32), the next highest was in the North-West Frontier Province (2.6). The mean number of males born to every 100 females was as usual 106.8, the range lying between 120.4 in the North-West Frontier Province and 104 in Eastern Bengal and Assam.

72. The total number of deaths registered was 8,399,623, compared with 7,852,330 in 1906 and 8,117,771 in 1905. The ratio per thousand of the population was 37.18 against 34.73 and 35.96 in the two years 1906 and 1905. The quinquennial mean for 1902-06 and for 1901-05 was 33.96 and 32.91 per thousand, respectively. Five provinces show rates in excess of those for the preceding year, the most remarkable being the Punjab, which recorded the rate of 62.10 per thousand as compared with 36.94 in 1906 and 45.3 the quinquennial mean. Of the ratio of 62.10, nearly half, or 30.3, was due to plague and 20.2 to fever. Coorg shows an increase of 5.89, the United Provinces an increase of 4.39 and Bengal and the North-West Frontier Province increases of less than 2 per thousand. All the other provinces show a lower death rate than during 1906, the largest fall, 3.1 per thousand, taking place in Madras which is accounted for by cholera being less prevalent than in 1906. By provinces the rates ranged between 62.10 in the Punjab and 24.3 in Madras. As is usually the case the urban mortality exceeded the rural, except in the case of Bengal, Eastern Bengal and Assam, and the Punjab. The highest rate among towns was 144.31 recorded in Dinga, a town of 5,412 inhabitants in the Gujrat district of the Punjab, and the highest in districts, 106.67, was also recorded in the Gujrat district, in both cases due to plague.

By months the highest incidence of deaths occurred during April, and the next highest in December, March and May in the order named. As in the previous year, the mean female death rate exceeded the mean male death rate in the United Provinces, the Punjab, the North-West Frontier Province, Ajmer-Merwara and Coorg, but elsewhere the male rate was the higher.

Male and female infants under one year of age died at the rates, respectively, of 221.72 and 209.33 per thousand born, compared with rates of 228.30 and 217.52 in 1906. The lower rate in a year of severe plague suggests that infants are not ordinarily attacked by this disease. The highest rate of mortality among male infants was 302.91 per thousand in Coorg, the next highest rate being 284.79 in the Central Provinces, and the lowest 184.09 in Eastern Bengal and Assam, closely followed by the rate of 185.5 in Madras. As regards deaths of female infants, the Central Provinces recorded the highest rate which was 257.91 and Coorg came next with 254.71, which reverses the position as regards male deaths in these two provinces, while the lowest rate, *viz.*, 160.4, was recorded in Lower Burma and the next lowest, 166.67, in Eastern Bengal and



Assam. In every province the number of males born exceeded the number of females born, and similarly the death rate of male infants was in excess of that of female infants in all provinces with the solitary exception of the Punjab.

No province escaped the visitation of cholera which was severe in Bengal (death rate 4·07 per thousand), Eastern Bengal and Assam (2·58) and Madras (2·2), but the Punjab (·02) and Ajmer-Merwara (·002) were only slightly affected. Small-pox was chiefly prevalent in Coorg (1·17) and Ajmer-Merwara (1·04) and in two others only, *viz.*, Bengal (·57) and the Punjab (·55), did the rate exceed ·5 per thousand. No one province escaped plague which was extraordinarily severe in the Punjab (30·27), and severe in the United Provinces (6·90), Bombay (5·06), and the Central Provinces (3·18). On the other hand, the death rate from plague in Eastern Bengal and Assam was as low as ·0002 per thousand, and very low in Ajmer-Merwara (·03), Coorg (·01) and Madras (·1). The fever death rate was higher than in 1906 in six provinces and lower in an equal number, but the highest rate of 27·62 in the United Provinces in 1906 was exceeded by the rate of 28·31 in 1907 which, in the presence of plague in a severe form, suggests deaths due to the disease being returned as fever.

Dysentery and diarrhoea prevailed to more or less the same extent as the year before, except in Coorg where the rate of ·78 in 1906 increased to 2·08, for which no explanation is available. Respiratory diseases continued to be badly registered, there being great variations in the death rate per thousand in the several provinces.

73. The average rainfall was much in excess of that of the preceding year, all except three districts sharing in the increase.

Lower Burma. The price of rice was above the average throughout the year in all the districts except Rangoon and Thaton.

The population under registration numbered 5,568,479 excluding certain areas where registration is not yet complete. The number of births increased from 180,025 in 1906 to 181,834, and the birth rate from 32·33 to 32·65 per thousand, which was slightly below the quinquennial mean of 32·90. In one district only, *viz.*, Tavoy (45·92) did the birth rate exceed 40 per thousand, though this rate was closely approached by Tharrawaddy (39·55) and Thayetmyo (39·10). On the other hand, in five districts, or the same number as in 1906, the rate fell below 30 per thousand, *viz.*, Toungoo (29·49), Kyaukpyu (28·92), Maubin (27·38), Akyab (27·27), and Rangoon (16·62). The mean birth rate was 33·77 in rural areas and 25·1 in towns, but the latter is low owing to the large disproportion of the sexes in the three larger towns of Rangoon, Moulmein, and Akyab, which recorded rates of 16·62, 23·61 and 17·21, respectively. Excluding these towns the rate becomes 31·88. The proportion of male to female births was 107 to 100, ranging between 133 in Mergui and 102 each in Amherst and Toungoo.

The number of deaths fell from 151,193 in 1906 to 149,472, and the death rate from 27·15 to 26·84, but still in excess of the quinquennial mean of 23·92. Three districts only, excluding Rangoon, recorded rates in excess of 30 per thousand, *viz.*, Akyab (31·76), Mergui (31·72) and Pegu (30·59), while Tavoy (21·26), Myaungmya (20·59) and Maubin (18·87) recorded the lowest rates. In rural areas the mean death rate was 24·58 compared with 42·18 in towns. Among the latter Pegu recorded the highest rate, 65·10, of which no less than 32·97 or nearly half the deaths were recorded under "all other causes," followed by



Bassein with a rate of 63·21, of which 12·21 was due to cholera, 11·74 to plague, and 18·70 to "all other causes." The lowest rate was again recorded in Sandway (17·93). The highest monthly death rate was recorded in December, and the lowest in May.

By religions, Hindus and Muhammadans died at the rate of 34·14 and 28·98, respectively, Buddhists at the rate of 26·25, Christians at 18·64, and "other classes" at 38·82 per thousand. The provincial Sanitary Commissioner points out that it is unfortunate that the population has been classified by religion instead of by race, which renders it impossible to consider the results of the registration of vital statistics of communities living in widely different circumstances. As an example it is pointed out that Burmese Buddhists amount to only two-thirds of the total population professing this religion, the remaining one-third being Arakanese, Shans, Chinese and converts of other races, and therefore the death rate among Buddhists is not that among the Burmese.

The male and female infant mortality calculated on the births of the year was 204·0 and 160·4 per thousand, respectively; and on the census population, boys and girls between one and five years of age died at the rates of 30·01 and 25·33, respectively. At all age periods the male death rate exceeded the female death rate, the mean for the province being 28·51 for the former and 24·77 for the latter.

74. Compared with the preceding year there was a great decrease in the rainfall, the shortage being more marked in some places than in others, but in the dry zone more rain was received than in 1906 when great scarcity of food resulted from the failure of the crops. Some scarcity was experienced at the end of 1907 in the Sagaing, Myingyan and Meiktila districts and the northern sub-division of the Yamethin district which led to some emigration. The price of rice was above the average in all districts except Meiktila and Myingyan, where however some scarcity was felt towards the end of the year.

From the beginning of 1907 the registration of births as well as of deaths was extended to eleven districts, though considerable areas still remain to be added. The population under registration for births before 1907 was 303,014 in thirteen towns, but now both births and deaths are registered among a total population of 2,917,501.

The total births numbered 96,699, giving a ratio of 33·14 per thousand. As this is the first year of complete registration of births, no comparison with preceding years is possible. The highest rate recorded was 43·19 in Shwebo and the lowest 21·64 in Yamethin.

In rural areas the mean birth rate was 33·47 and 32·16 in towns. The percentage of male to female births was 106, ranging between 107 in five districts and 104 in two.

The number of deaths registered was 76,220 or 273 fewer than in 1906, and the death rate was 26·13 or 0·9 lower, compared with the quinquennial mean of 21·33. The highest death rate among districts was recorded in Kyaukse (39·32) and the lowest in Sagaing (18·50), while the mean in rural areas was 24·39 and in towns 39·69. January was the month with the highest mortality and May with the lowest.

By religions, the death rates were, Hindus 34·16, Muhammadans, 31·52, Buddhists 25·94, Christians 24·54, and "other classes" 40·75.



Male and female infants died at the rates, respectively, of 243·0 and 211·7 per thousand born, and boys and girls between one and five years of age at 25·18 and 23·67 per thousand of the census population. At all age periods except 20-30 and 30-40, the male death rate was higher than the female death rate, the mean rates for all age periods being 27·67 for males and 24·75 for females.

75. The rainfall during 1907 was generally deficient throughout the province, and the monsoon terminated abruptly in September. The prices of food grains continued high but in no case was there any marked distress in consequence.

Eastern Bengal and Assam.

The population under registration, excluding 1,150,000 persons in the hill districts, numbered 29,812,735. Among this population there were 1,103,592 births, or 10,934 fewer than during 1906, giving ratios per one thousand of population of 37·01 and 37·38, respectively, against the quinquennial mean of 39·31. The diminution of the birth rate in ten out of fourteen of the Eastern Bengal districts continues, and the provincial Sanitary Commissioner while being unable to say to what this is due, states that there is no evidence that it is due to any widespread defect in reporting. The highest birth rates in districts were reported from Goalpara, 49·45, and Noakhali, 44·51, per thousand, which also return the highest quinquennial averages in the province, *viz.*, 46·33 and 48·03, respectively. Chittagong came next with a rate of 42·04 per thousand. The lowest rates were returned by Pabna 33·33, Mymensingh 33·01 and Sibsagar 29·94. In rural areas the average birth rate was 37·35 per thousand, the rates ranging from 82·02 in Ripu (Goalpara) to 18·97 in Netrokona (Mymensingh); in towns the highest rates were 54·08 in Barpeta and 46·17 in Sunamganj and the lowest 5·35 in Nalchitti and 2·10 in Jhalakhati, the two last named being small mercantile centres. Barpeta and Jhalakhati also occupied the highest and lowest places among towns in the preceding year.

The mean percentage of male to female births was 104 against 107 in 1906, Chittagong returning the highest, 110, and Rangpur the lowest, 82.

The deaths registered in the province numbered 873,752, showing a fall of 70,583 compared with the preceding year and a death rate of 29·30 against 31·67, the quinquennial mean being 32·19. The year was on the whole a healthy one, and three districts, only, Rajshahi, Lakhimpur and Malda reported anything like marked increases on the average rate of the past five years. The highest rates in districts were, Rajshahi 48·63, Malda 42·48 and Dinajpur 42·47, in all of which the death rate from fever was over 34·0 per thousand, against the provincial mean of 21·17, and in the first named cholera (8·75 per thousand) was also severe. The lowest rates were recorded in Sylhet, 22·22, Cachar 21·98 and Mymensingh, 21·38, the first two returning the low fever death rates of 9·47 and 9·87, respectively, and the comparatively high rates of 7·84 and 8·03 under "all other causes."

The mean death rate was 29·45 per thousand in rural areas and 22·67 in towns: among the former, Ripu (Goalpara) returned the rate of 73·20, which was chiefly due to fevers, and six circles in the Rajshahi district reported a death rate of over 50, and three of over 60 per thousand, the mortality being chiefly due to fevers and cholera. Among towns the highest rates were Sherpur (Bogra) 43·85 per thousand which suffered from an outbreak of cholera among 4,000



inhabitants, and the lowest in Chandpur, 8·01 per thousand ; Mymensingh and Jalakhati returned very slightly higher rates, *viz.*, 8·24 and 8·97. The highest monthly mortality occurred in December and the lowest in August.

“ Other Classes ” had the highest death rate, 42·94, followed by Muhammadans, 30·12, Hindus, 27·30, Buddhists, 24·05, and Christians, 22·96.

Male and female infants died at the rates of, respectively, 184·09 and 166·67 per thousand born, and boys and girls between one and five years of age at the rates of 39·20 and 34·61 of the census population. At the age periods 15-20, 20-30 and 30-40, females died at a higher rate than males, but at the other age periods the male rate was the higher. The mean rate for the province was 30·23 for males and 28·34 for females.

76. The mean annual strength of the coolies employed on tea gardens in Assam, during the twelve months ending the 30th June 1908, increased from 680,772 to 712,002. Of the total labour force 37·17 per cent. were employed in the Surma Valley and 62·83 per cent. in the Assam Valley, the distribution showing a slight decrease in the Surma Valley with a corresponding increase in the Assam Valley.

The birth rate for the year was 27·6 per thousand of the total population, and 90·0 per thousand of the adult female population, compared with 28·3 and 91·8 per thousand, respectively, in 1906-07. The corresponding provincial ratios for the calendar year 1907 were 37·01 and 125·7 per thousand.

The registered death rate increased from 22·0 per mille to 29·2, the total number of deaths being 20,772. The provincial registered death rate for the year 1907 was 29·30 per mille. The principal causes of deaths were cholera (3,603), dysentery (3,558), malarial fever (2,740), respiratory diseases (2,296) diarrhœa (1,936) and anæmia of coolies or anchylostomiasis (1,926). The death rate among coolies from all recruiting areas showed an increase. The heavy mortality from cholera, which in the preceding year was responsible for only 1,164 cases accounts to a large extent for the higher death rate.

Of a total of 740 gardens, thirty were brought on to the unhealthy list, *i.e.*, with a death rate of over 70 per mille on the Act population. In the preceding year only eight of the 748 gardens were declared to be unhealthy.

There were 713 deaths among coolies journeying to the Assam Valley against 98 in the previous year: 672 of the deaths were due to cholera. No deaths were reported among coolies in transit to the Surma Valley.

77. The rainfall of 1907 was very irregularly distributed. During February, March and April there was exceptionally heavy rain, and although the south-west monsoon was actively established about the middle of June, the rain bearing current was restricted to a comparatively small area and never extended westwards beyond Bihar. The monsoon ceased early, and this combined with severe floods in some places, affected the outturn of food grains which was more or less below the normal, except in Muzaffarpur, Darbhanga, Bhagalpur and Darjeeling where it was almost normal or slightly above it. The deficient rainfall and heavy exportation to places affected by scarcity, kept up prices generally which compelled the poorer classes in many places to live on unsuitable and unwholesome food.

The total population under registration for births and deaths, excluding Angul to which the system has not yet been extended, numbered 50,528,446. The number of births recorded was 1,905,425 or 19,700 more than during the preceding year, and the birth rate 37·70 against 37·32 per thousand, the mean of the previous five years being 39·08. The highest rates recorded in districts were Palamau 54·59, Gaya 50·75 and Hazaribagh 50·62 per thousand, and the lowest,



excluding the urban district of Calcutta where the rate was 19·13 per thousand, in the 24-Parganas, 30·77, Darjeeling, 29·93 and Jessore, 29·58 per thousand.

The town of Jamalpur in the Monghyr district which almost always returns the highest birth rate, headed the list with a rate of 67·14 per thousand followed by Sahibganj in the Santhal Parganas with a rate of 65·22. The lowest rates were recorded as usual in Budge Budge 4·29, Tittaghar 6·41, and South Barrackpore 7·56, and must continue to do so as they are trade centres with a large floating population of male coolies. In rural areas 92 circles returned a birth rate of over 45 per thousand, compared with 69 and 82 in the two preceding years. The highest rate was 111·74 per thousand in Dum Dum, and as the rate is unusual, an enquiry is being made ; following Dum Dum, came Palkot in the Ranchi district, Sujaganj in the Murshidabad district and Asasuni in the Khulna district with birth rates of 84·68, 79·35 and 66·48 per thousand, respectively. The mean percentage of males born to females born was 105, the same as in 1906, the rates ranging from 110 each in Howrah and Calcutta to 100 in Singhbhum.

The number of deaths during the year numbered 1,906,192 or 82,949 more than during 1906, and the death rate was 37·72 per thousand against 36·08 in the previous year and the quinquennial mean of 34·68. The increased death rate is attributed to the high prices of food grains and the general unhealthiness of the year, and was chiefly due to more deaths from fever, cholera and plague. Palamau which recorded the highest birth rate among districts, also recorded the highest death rate, 56·0 per thousand ; in this place the death rates from cholera (13·42) and fever (33·19) were well above the provincial mean from these causes. Next came Birbhum with the rate of 49·77 per thousand, and here the highest rate for fever (38·27) was recorded, followed by Patna with a rate of 48·50 per thousand including a high mortality rate from plague, *viz.*, 13·45 per thousand. The lowest death rates were recorded in Singhbhum, Sambalpur and Champaran, where they were 23·73, 24·55 and 27·44 per thousand. In towns the highest rates were recorded in Chetra (Hazaribagh) 95·95 per thousand, Roserha (Darbhanga) 81·89 and Gaya, 81·50, and the lowest in Budge Budge, 7·66, Asansol (Burdwan) 11·33 and Cossipore—Chitpur, 12·61. One hundred and thirty-two rural areas, or more than double the number in the preceding year, returned a death rate of over 44 per thousand. The highest rate was 118·14 per thousand in Sujaganj, in which there was also a high birth rate, followed by Shahanagar with a rate of 87·54. Both these places, which are in the Murshidabad district, suffered severely from fever, small-pox and cholera. The mean urban death rate was 36·23 per thousand compared with a rural death rate of 37·82 per thousand. The highest monthly death rate in the province as a whole occurred in December and the lowest in June.

Hindus and Muhammadans died at approximately the same rate, *viz.*, 38·30 and 38·33 per thousand, respectively, Buddhists at 25·87, " Other Classes " at 30·07, and Christians at 25·16 per thousand.

Infants under one year of age died at the rates, respectively, of 204·56 and 193·10 per thousand of males and females born. At all age periods males died at a higher rate than females, the rates approaching each other closely in the age periods 15-20 and 20-30. The general male death rate was 39·03, and the female death rate 36·43 per thousand of the population.



78. The experiment of testing the accuracy of the registration of deaths in a Registration by a professional selected area, which was begun in the Galsi *thana* agency. in the Burdwan district of Bengal on the 1st of August 1906, was continued during the year ending the 31st July 1908.

The population of the area as enumerated at the census of 1901 was 51,951 persons : the population as it stood on the 1st August 1906, when the experiment began, was 53,277, and on the 1st August 1907, the beginning of the year under report, it was 52,724.

The results obtained during the first year are given in paragraph 79 of this report for 1906, and those for the year ending the 31st July 1908, are set forth in the statement below.

	Cholera.	Small-pox.	Plague.	Fever.	Dysentery and Diarrhoea	Respiratory diseases	Injuries.	All other causes.	Total.
Number of deaths recorded in the <i>thana</i> register.	452	20	...	2,141	150	30	1	301	3,095
Number of deaths according to the investigation.	474	21	...	1,143	430	697	1	341	3,107
Ratio per thousand according to the results in the <i>thana</i> register.	8.57	0.38	...	40.61	2.85	0.57	0.02	5.71	58.70
Ratio per thousand according to the results of the investigation.	8.99	0.40	...	21.68	8.16	13.22	0.02	6.47	58.93

As in the first year of the enquiry, the results show that although the error in the actual number of deaths recorded is small, the cause of death is very frequently incorrectly reported. It will be apparent especially that in the hands of the unprofessional agency the heading "fever" does duty for nearly all the cases of death from respiratory diseases and for a considerable number of those from dysentery and diarrhoea.

79. The climatic conditions of the year were abnormal. The spring rainfall was in excess, and the weather cooler than usual. The United Provinces. monsoon set in very late and terminated early in September, and thereafter there was little or no rain.

Among a population of 47,691,782 persons, there were 1,963,963 births compared with 1,918,425 in 1906, the birth rates being 41.18 and 40.22 per thousand, respectively, with a quinquennial mean of 44.02. The districts of Shah-jahanpur, 54.95, and Hardoi, 54.53, recorded the highest rates, followed by Pilibhit 52.03, while the lowest rates were returned by Naini Tal, 31.78, Ballia, 28.57 and Dehra Dun, 28.52. In Naini Tal the population is composed chiefly of males who go there for domestic service. In municipal areas the birth rate fell from 39.30 in 1906 to 38.19 in 1907, the rates ranging between 57.65 in Sahaswan and 9.16 in Mussoorie. The mean percentage of male to female births was 108.57, practically the same as in the two preceding years: the rates ranged between 115.28 in Muzzaffarnagar and 103.75 in Pilibhit.

The number of deaths during the year numbered 2,072,536, compared with 1,863,336 in 1906, the death rates being 43.46 and 39.07 per thousand, respectively, with a quinquennial mean of 38.12. The death rate exceeded the provincial mean in nineteen districts, but was lower in twenty-nine. The highest district rates



occurred in Muzaffarnagar 87·97, where the plague mortality was 55·70 per thousand, in Saharanpur 75·99 where plague accounted for 23·97 per thousand and fever for 50·56 per thousand of the deaths, and in Bijnor 64·80 where the plague and fever death rates were 16·32 and 40·92. The lowest rates were recorded in Jaunpur 30·09, Garhwal 28·72 and Dehra Dun 26·91. In rural areas the mean rate was 42·57 ranging between 87·58 in Muzaffarnagar and 24·12 in Dehra Dun, compared with a mean rate of 55·46 in towns where the range was very great—Mawana, 156·62, and Kairana, 142·87, recorded high rates owing chiefly to plague, while the low rates of 17·04 and 10·70 were recorded in Naini Tal and Mussoorie. The highest mortality by months was recorded in April, and the lowest in August.

Hindus died at the rate of 43·07, Muhammadans at 47·01, " Other Classes " at 13·73, and Christians at 10·78 per thousand of population, respectively.

Male and female infants under one year of age died at the rates, respectively, of 254·7 and 251·6 per thousand born, and boys and girls between one and five years of age at the rates of 80·32 and 79·23. At all age periods, except 1-5, 40-50, 50-60 and 60 and over, females died at a higher rate than males, the general rate being 42·61 for males and 44·36 for females.

80. The rainfall during January was much less than usual, except in the hill districts. During the next three months the weather was stormy, cloudy, wet and cold, the rainfall being in large to very large excess. After this there was no rainfall of any importance till widespread rain occurred in the south-west and central Punjab in the first week of June. From the 20th July till the 24th August monsoon conditions prevailed which terminated abruptly, and thereafter to the end of the year no rain of any importance whatever fell, and temperature, with one or two exceptions, was above the normal throughout the period. The adverse weather conditions affected the crops and there was a very considerable rise in the prices of food grains during the latter part of the year, and wages showed a corresponding increase in certain districts.

The registration of vital statistics is conducted among a population of 20,108,690, returned at the census of 1901. The total births numbered 819,571 or 58,435 fewer than in 1906, which gives a ratio of 40·8 per thousand. This is lower than the rate of 43·7 recorded in 1906 and 43·3, the average of the preceding five years, and marks the lowest ratio recorded since 1902. The extent of the fall varied in different districts and was as high as 10·5 per thousand in Ambala. The decreased birth rate is attributed to the great prevalence of plague during 1907 and malarial fever in certain parts in the preceding autumn. It is remarked by the provincial Sanitary Commissioner that the effect of plague on the birth rate does not appear as appreciable as that of excessive autumnal sickness, as the number of deaths due to plague indicates closely the amount of sickness due to the disease, whereas the number of deaths from fever gives very little idea of the extent of sickness and incapacity resulting from malaria.

The highest district birth rate was 68·2, recorded in Lyallpur: the rate is, however, misleading as the population of the district has largely increased since the census of 1901, and if the figures of the recent special census are taken, the ratio comes to 54·4 per thousand, which however still leaves the rate as the highest during the year. The next highest rates were recorded in Shahpur and Multan which closely approximate, *viz.*, 45·9 and 45·6. Two districts recorded rates below



30 per thousand, Ambala 29·7 and Simla 21·4: the conditions of the latter are peculiar as males preponderate in the population. In towns the birth rate was not affected by the adverse conditions prevailing in the province generally, as the rate of 39·1 was little below the quinquennial average of 39·7. The mean proportion of male to female births was 110·5 to 100. The greatest excess of male births was 121·7 in Dera Ghazi Khan, rates of 115·2, 115·1 and 115·0 being recorded in Mianwali, Muzaffargarh and Jhelum, while the lowest rates were recorded in Delhi, 106·8, and Ludhiana 106·1.

The number of deaths recorded during the year amounted to 1,248,729 or 505,823 more than during the preceding year. The ratio per thousand of the population was 62·1 compared with a ratio of 36·9 in 1906 and 45·3 the average of the preceding quinquennium. Of the total deaths, nearly half, 30·3 per thousand, were accounted for by plague and 20·2 were ascribed to fever. The death rate of the year is the highest on record since the commencement of registration in the Punjab forty-one years ago, and is due to the severe epidemic of plague, but for which the death rate would have been only 31·8 per thousand.

In thirteen districts the death rate exceeded the provincial mean of 62·1, the districts of Gujrat and Gujranwala heading the list with rates of 104·3 and 99·7, followed by Shahpur, Sialkot, Rohtak, Jhelum and Rawalpindi, where the rates ranged between 90·7 and 80·2, and Ambala, Jullundur, Lahore, Gurdaspur, Ferozepore and Delhi where they ranged between 73·9 and 63·1. These thirteen districts together registered a death rate of 79·3 of which 48·6 was due to plague. In the other sixteen districts the rate was 30·7 or 3·3 below the quinquennial average of 34·0, excluding plague. The lowest rates in districts were recorded in Simla, Muzaffargarh, Dera Ghazi Khan, Multan, Kangra, Jhang and Mianwali, where the rates ranged between 22·4 and 33·8 per thousand, and with the exception of Jhang, represent areas that have been only slightly affected by plague. In these districts there was a death rate from this disease of only 0·08 per thousand. The mean rural death rate was 62·93 compared with an urban rate 54·65. The rural rate ranged between 106·67 in Gujrat and 19·02 in Simla and the urban rate between 144·31 in Dinga (Gujrat district) and 12·15 in Khangah Dogran (Gujranwala district). The highest monthly mortality was recorded in May, and the lowest in August.

Muhammadans died at the rate of 67·05 per thousand, showing an increase of 10·77 over the rate of 56·28 registered among Hindus. Christians died at the rate of 60·83, while for the rate of 143·05 among "Other Classes" it is stated that the figures are incorrect owing to misclassification.

Male and female infants died at the rates, respectively, of 244·0 and 248·0 per thousand born, and boys and girls between one and five years of age at the rates of 75·83 and 80·66 per mille of the census population. At all age periods the female death rate was in excess of the male death rate, the mean for the province being 59·0 for males and 65·7 for females.

81. The rainfall was generally below the average, but prices were on the whole lower than during 1906. In the Dera Ismail Khan district prices were higher, whereas in the Kohat district the tendency was for them to fall at the close of the year.

North-West Frontier Province.



The population under registration numbers 1,908,184, excluding certain tracts in the Hazara district. Among this population there were 62,062 births or 14,772 fewer than in the preceding year which reduced the birth rate from 38·6 to 32·5, the quinquennial mean being 36·3. The decrease is attributed largely, if not entirely, to severe malaria in the autumn and winter of 1906, followed by a heavy death rate from chest complaints during the colder months. The Hazara district recorded the highest rate, 36·7, which was 0·4 lower than the rate in the previous year and Dera Ismail Khan the lowest, 27·0, which is 9·2 below the rate recorded in 1906. The percentage of male to female births was 120·4, ranging from 133·9 in Peshawar to 111·3 in Hazara. These high percentages are believed to be due to the omission to register the births of many females.

The number of deaths registered during the year numbered 67,017, showing a decrease of 132 compared with the preceding year. The death rate was 35·1 per thousand compared with 33·7 in 1906: the apparent discrepancy in the rates and actual numbers, in the two years, is explained by the fact that the population of certain tracts not under registration in the Hazara district has been excluded from the figures for this year. The increased death rate is also attributed to heavy mortality during January and February and again in November and December, in the two earlier months due to the severe malarial epidemic in the autumn of 1906, and in the two later months to an unusually early and severe onset of cold weather which acted unfavourably upon those suffering from autumnal fever. The highest rate, 40·3, was recorded in the Dera Ismail Khan district, where the fever death rate was 31·3, and the lowest, 32·2, in Peshawar, where the fever death rate was also high, *viz.*, 25·1. In rural areas the mean rate was 35·04 and in towns, 36·0, among which Buffa (Hazara district) recorded the high rate of 58·47, of which 38·27 was due to fever, and 42·35 in Lakhi (Bannu district) of which 32·58 was due to the same cause. The lowest rate, 13·81, was recorded in Kulachi (Dera Ismail Khan district). January was the most unhealthy month and August the healthiest month.

Muhammadans had the highest death rate, *viz.*, 35·76, followed by Hindus with a rate of 28·34, "Other Classes" 24·32, and lastly Christians with a rate of 8·28.

Male and female infants died at the rates, respectively, of 230·60 and 225·08 per thousand born; and boys and girls between one and five years of age at 52·13 and 51·63 per thousand, respectively, of the census population at those ages. At all other age periods, except between the age of 15-20, females died at a higher rate than males, the general rates being 34·4 for males and 36·0 for females.

82. The number of births which had been 13,789 in 1906 increased to 14,881 in 1907, and the ratio per thousand rose from 28·91 to 31·20, against the quinquennial mean of 33·06. The percentage of male to female births was 118·68.

Ajmer-Merwara.

The number of deaths fell from 15,367 in 1906 to 14,131 and the death rate from 32·22 to 29·63 which is below the quinquennial mean of 31·13. The death rate in Ajmer was 30·78 and in Merwara 25·75. The mean rural rate was 25·46 as compared with the urban rate of 40·78, the latter ranging between



61.02 in Ajmer Suburb and 25.52 in Nasirabad. The highest monthly mortality was recorded in December, and the lowest in July.

Muhammadans and Hindus died at the rates of 33.17 and 30.70, respectively, and "Other Classes" at 2.58 per thousand.

Male infants died at the rate of 236.87 and female infants at the rate of 236.30 per thousand born, and boys and girls between one and five years of age at 120.87 and 122.63 per thousand of the census population at those ages. At the age periods between 5 and 40, the female death rate exceeded that of the males, but over 40 the position was reversed. The mean death rate was 29.09 for males and 30.22 for females.

83. The total rainfall was in considerable defect compared with the average, except in the districts of Nagpur and Yeotmal, and here the excess was but slight. The monsoon was established later than usual and ceased early at the end of August, and in this month more than half the rainfall of the year was received. There was consequently a failure of the crops and a rise in the price of food grains, which showed a further rise at the close of the year.

The population under registration numbered 11,884,340 persons among whom were recorded 623,529 births, or 8,913 more than during the preceding year, increasing the ratio per thousand from 51.72 to 52.46, compared with 50.47 the mean of the previous five years. In seventeen out of twenty-four districts the rate exceeded 50 per thousand, the highest rate (59.80) being recorded in Saugor and the lowest (47.07) in Bhandara. In rural areas the birth rate was 53.85 compared with the rate of 40.44 in the towns, the difference being explained by more careful registration in rural than in urban circles, the better physique and healthier condition of the country women, the higher proportion of adult women to men in the country places and also to the migration from towns to the country on account of plague, as well as the custom a woman has of returning to her home for her confinement. Nevertheless high rates were recorded in some of the towns, *viz.*, Barur 79.12, Sendurjana 75.33 and Nerpinglai 62.31, all in the Amraoti district. The percentage of male to female births was 105.32 for the province, the rates ranging between 112.44 in Burhanpur and 100.79 in Mandla.

The total deaths registered numbered 495,603 or 21,010 fewer than in 1906, the ratio per thousand falling from 43.47 in that year to 41.70, which is however in excess of the quinquennial average of 35.21. In three districts the rate exceeded 50 per thousand, the highest rate (58.32) being recorded in Buldana, where plague (10.84 per thousand), dysentery and diarrhœa (11.09) and respiratory diseases (4.27) caused many deaths, and a high rate (23.52) was returned under 'all other causes.' Ten districts returned rates under 40 per thousand, the lowest of which (32.37) was recorded in Bhandara. The mean death rate in rural circles was 41.30 as compared with 45.11 in towns, among which the highest rates were recorded in Belgaon (Amraoti) 93.28 per thousand, Deori (Saugor) 85.14 and Anjangaon (Amraoti) 83.45, in all of which the death rate from plague was very high. At the other end of the scale came Arang, 22.15 and Rajim, 19.76, both small towns in the Raipur district. The most unhealthy month of the year was September and the healthiest month July.



Muhammadans and Hindus died at the rates of 44·27 and 37·71, respectively, and " Other Classes " at the rate of 68·22. It is, however, stated that the classification by religions in these provinces is not reliable.

Male infants died at the rate of 284·79 and female infants at 257·91 per thousand born. The general death rate among males was 43·77 and among females 39·67 per thousand calculated on the census population. Owing to changes in the rearrangement of the districts, the figures of population by age and sex are not available, but it is stated that the female death rate was less than the male death rate at all age periods except between 15 and 30 and over 60 years of age.

84. The rainfall of the year was irregularly distributed and the monsoon failed in the autumn, with the result that the prices of food grains were high and specially so during the two closing months of the year.

The population under registration, excluding Europeans and Eurasians, numbered 18,481,362 persons. The total number of births fell from 625,486 in 1906 to 610,533 in 1907, and the birth rate from 33·84 to 33·03 per thousand, the average of the preceding quinquennium being 33·47. The highest rate was recorded in the West Khandesh district, 55·95, the East Khandesh district coming next with a rate of 51·29, followed by the Panch Mahals district with 45·52. On the other hand the lowest rates were recorded in the districts of Larkhana, 18·95, Upper Sind Frontier 14·91, and Hyderabad (Sind) 14·66. The birth rate in rural areas was 34·08 per thousand compared with 20·24 in towns, the highest rate among the latter being 52·11 in Karachi, three other towns returning rates in excess of 40 per thousand. The mean percentage of male to female births was 107·90. In the Bombay districts the rates ranged between 113·19 in Kaira and 101·59 in Broach, but in the Sind districts the variation was between 141·79 in Hyderabad and 112·81 in Karachi.

The total number of deaths fell from 648,019 to 606,606 and the death rate from 35·06 to 32·82, compared with the quinquennial mean of 38·25. All, except six districts, shared in the smaller rate of mortality, and the highest rates recorded were 56·76 in Satara, 47·22 in Kaira and 43·81 in Ahmedabad, while the lowest were returned by Thar and Parkar, 21·10, Hyderabad, 19·46 and Upper Sind Frontier, 17·85. In rural areas the death rate was 31·54 compared with a rate of 38·19 in towns among which are Dholka (Ahmedabad) with a rate of 82·36, including 29·12 from plague, 24·18 from fever and 15·30 from "all other causes;" Pandharpur (Sholapur) 72·02, including 39·96 from cholera and 10·89 from dysentery and diarrhoea; and Wai (Satara) where the rate of 70·13 included 58·33 from plague. The lowest rates were 14·32 in Ahmedabad Cantonment, 13·13 in Kaladgi (Bijapur) and 10·43 in Godhra (Panch Mahals). The month of highest mortality was October and the lowest June.

Hindus died at the rate of 35·14 followed by Jains with a rate of 30·71 and then came Muhammadans, Parsis and Christians with rates of 24·33, 23·96 and 22·10, respectively. " Other classes " died at the rate of 52·45.

Male and female infants died at the rates, respectively, of 207·33 and 190·10 per thousand born and boys and girls over one and under five years of age at 3·91 and 51·85 per thousand, respectively, of the census population at those ages.



Females died at a higher rate than males at the age periods 5—10, 10—15, 15—20 and 20—30; at the other age periods the male rates were the higher. The mean death rate for the province was 32·94 for males and 32·70 for females.

85. The number of births registered fell from 4,713 in 1906 to 4,304 in 1907, and the birth rate from 26·10 to 23·83, the quinquennial mean being 24·76 per thousand.

The birth rate ranged from 37·56 in Padinalknad to 17·15 in Mercara, the same places occupying the highest and lowest places in the previous year. The percentage of male to female births was 120·18 in Mercara and 99 in Yedenalknad, and elsewhere between these two rates.

The number of deaths increased from 5,285 in 1906 to 6,349 in 1907, and the death rate which for the quinquennium was 28·12 per thousand, increased from 29·26 in 1906 to 35·15 in 1907. In districts the highest rate was 44·23 in Padinalknad and the lowest 31·12 in Yedenalknad. The mean rate in rural areas was 34·34 compared with 44·01 in towns, among which Virajendrapet recorded the high rate of 68·64, of which very nearly half was recorded under "all other causes," the next highest being the rate of 35·96 in Nanjarajpatna. The highest rate of mortality was recorded in June and the lowest in February.

By classes the death rates were for Hindus, 34·40, Muhammadans, 33·91 and "Other Classes," 54·51.

Male and female infants died at the rates, respectively, of 302·91 and 254·71 per thousand born, and boys and girls between one and five years of age at 51·26 and 46·07 per thousand of population at those ages. Except at the age periods 10—15 and 60 and above, the female death rate was in excess of the male death rate. The mean for the province was 34·44 for males and 36·04 for females.

86. The rainfall during the year, although slightly in excess of the average for the Presidency as a whole, was in excess of the normal in eight districts, and below the normal in fifteen others. The prices of food grains which had risen in the previous year showed a further increase and were in excess of the average. The persistent rise is attributed to a demand, probably for export, in excess of the yield, and not necessarily to unfavourable meteorological conditions.

The population under registration was 36,362,222 and excludes the hill tribes of the Ganjam and Vizagapatam districts, the Banganapalle estate in Kurnool and the Laccadive and Amindivi Islands. The total births numbered 1,119,170 or 6,808 fewer than in 1906, giving a birth rate of 30·8 per thousand which is only 0·1 less than in the previous year, but 0·2 above the quinquennial mean. The highest rates recorded in districts include Madras 39·1, Guntur 37·3, and Chingleput 35·6, while the lowest rates were returned by Coimbatore 26·2, Vizagapatam 26·0, and Madura, 23·1. In fifteen districts, however, the rate exceeded 30 per thousand. The mean birth rate in rural areas was 30·6 against 32·1 in towns among which the highest rate 81·5 was returned by Siruguppa in the Bellary district with a population of something below 6,000 souls, the next highest rate of 57·8 being recorded in Vaniyambadi in the Salem district. The low rates of 6·7 and 6·4 were recorded in Rajampet (Cuddapah) and Tuni (Godavari), respectively.



The percentage of male to female births for the Presidency as a whole was 104·9, but in the districts ranged between 115·4 in the Nilgiris and 101·2 in Anantapur.

The number of deaths was 883,016 which is 115,375 less than in the preceding year and the death rate 24·3 against 27·4, but still higher than the quinquennial mean of 22·7. The death rate was lower in all but four districts and is attributed generally to cholera having prevailed to a less extent than in the previous year. Excluding the Madras district where the death rate was 40·8, the highest district rates were recorded in South Canara (36·8) and Malabar (36·7), the lowest being recorded in Nellore (18·4) and Madura (18·3). The mean death rate in rural areas was 23·7 as compared with 28·5 in towns: among the latter the high rate of 66·4 was recorded in Cochin (Malabar) where no less than 28·7 of the total was due to cholera alone, and 21·7 to "all other causes." The town of Siruguppa (Bellary) recorded the next highest rate, 53·2, of which 37·9 was under the general heading 'all other causes'. Elsewhere the rates ranged between 51·3 in Tuticorin (Tinnevely) and 4·5 in Rajampet (Cuddapah). The most unhealthy month was December and the healthiest month April.

By religions the death rates were:—Muhammadans 28·4, Hindus 24·1, Christians 21·5, and "Other Classes" 15·5.

Calculated on the births of the year, male infants died at the rate of 185·5 and female infants at the rate of 168·1 per thousand born. Boys and girls between one and five years of age died at the rates of 33·4 and 32·0 per thousand of the census population. Except at the age periods 10—15, when both sexes died at the same rate, and the periods 15—20 and 20—30 when the female death rate was the higher, the males died at a higher rate. For the Presidency as a whole the male and female death rates were 25·1 and 23·5, respectively.







## SECTION VI.

### GENERAL POPULATION.

#### HISTORY OF THE CHIEF DISEASES.

87. The accompanying table shows at a glance the number of deaths, and the death rates per thousand of population, recorded in British territory in India during each of the five years from 1903 to 1907.

Years.	Cholera.	Small-pox.	Fevers.	Dysentery and Diarrhœa.	Plague.	All causes.
1903 {	312,854	93,693	4,459,237	273,459	686,485	7,881,125
	1'38	'41	19'66	1'21	3'03	34'7
1904 {	192,835	55,232	4,093,981	240,655	940,609	7,436,472
	'85	'24	18'09	1'06	4'16	32'86
1905 {	441,786	70,962	4,417,655	264,124	940,821	8,117,771
	1'96	'31	19'57	1'17	4'17	35'96
1906 {	690,519	109,583	4,452,842	298,117	300,355	7,852,330
	3'05	'48	19'69	1'32	1'33	34'73
1907 {	408,102	103,988	4,464,881	282,191	1,166,223	8,399,623
	1'81	'46	19'76	1'25	5'16	37'18

view with those for the previous year it will be seen that in 1907 there was a considerable decrease in the number of deaths attributed to cholera, small-pox, and dysentery and diarrhœa, but that there was a small increase in the mortality recorded as due to fevers and an unprecedented increase in the mortality due to plague. From all causes taken together there were recorded in British territory 547,293 more deaths than in 1906.

88. The number of deaths from cholera recorded in British territory during 1907 was 408,102, equal to a death rate of 1'81 per thousand of the total population under registration. If the deaths recorded in the native states from which returns were received are added (Statement I), the total amounts to 413,552. In the previous year 690,519 deaths from cholera were recorded in British territory, giving a ratio of 3'05 per thousand of population, so that during the year under review cholera was very much less prevalent than in 1906. The decrease in mortality during 1907 was shared by all the British provinces except Bengal, Coorg and Lower Burma. The greatest numbers of deaths from the disease were recorded in Bengal, Madras, Eastern Bengal and Assam and the United Provinces and the highest death rates in Bengal, Eastern Bengal and Assam, the Madras Presidency and Lower Burma. In all provinces except the Punjab, the North-West Frontier Province, Coorg and Ajmer-Merwara, cholera was prevalent throughout the year. The seasonal prevalence varied widely in the different provinces ; in Bengal, the Punjab and the Central Provinces and Berar the greatest number of deaths occurred in September, in Eastern Bengal and Assam in January, in the United Provinces in October, in Madras in December, in Bombay in July, in Lower Burma in March and in Upper Burma in November ; and fewest deaths

Cholera in India in 1907.

Appendix A to Section VI.



occurred in May in Bengal and the United Provinces, in August in Eastern Bengal and Assam, in March in the Punjab, in June in the Central Provinces and Berar, in April in Madras, in December in Bombay, and in July in Lower Burma.

89. In Lower Burma there were recorded as due to cholera 7,964 deaths, equal to a ratio of 1·43 per thousand of population, as compared with 5,529 deaths or ·99 per thousand from the same cause in 1906. Deaths from cholera were recorded during each month of the year, the highest number occurring in March and the lowest number in August. The highest death rates per thousand of population recorded in districts were 4·32 (383 deaths) in Mergui, 2·75 (1,326 deaths) in Akyab, 2·13 (843 deaths) in Tharrawaddy, and 2·04 (612 deaths) in Amherst; in towns the highest death rates were 14·42 in Kyaiklat, 12·21 in Bassein, 11·24 in Danubyu, 9·50 in Nyaunglebin, and 9·20 in Pegu.

In Upper Burma the total number of deaths recorded as due to cholera during 1907 was only 414, equal to a ratio of ·14 per thousand of population, as compared with 2,343 or ·80 per thousand from the same cause in 1906. Three out of the 11 districts were entirely free from the disease and in four others the number of deaths in each did not exceed ten. Steps have been taken by the Local Government to prevent as far as possible the pollution of rivers in the neighbourhood of towns and villages.

90. The number of deaths attributed to cholera in Eastern Bengal and Assam during 1907 was 77,181 equal to a ratio of 2·58 per thousand of the census population, as compared with 108,278 deaths or a ratio of 9·63 in 1906. January was the month of greatest prevalence. The highest death rates were recorded in the districts of Rajshahi (8·75), Bakarganj (6·03), and Noakhali (5·79). In the two latter districts cholera is always more or less prevalent; they are situated side by side at the head of the Bay of Bengal, are low-lying, and in many parts of them the difficulty of obtaining a supply of pure drinking water is very great.

91. In Bengal the total number of deaths recorded as due to cholera was 205,702 or 4·07 per thousand of population, as compared with 192,596 or 3·81 per thousand in 1906 and 138,999 or 2·75 per thousand the average figures for the five years 1902-06. No district was entirely free from the disease and 500 out of 529 registering circles were affected, against 496 and 478 in the two preceding years. The highest mortality was recorded in the Cuttack district where 31,805 or 15·41 per thousand of the population died from this cause, against 10,789 (5·22 per thousand) in the previous year; next in order came Palamau with 8,321 deaths (13·42 per thousand), Balasore with 11,030 (10·29), Puri with 9,197 (9·04), and Purnea with 16,063 (8·56). Champaran, which stood second on the list last year, now occupies the last place but one, Ranchi being the least affected of all the districts. The disinfection of wells was carried on with good results and it is said that the people are gradually beginning to appreciate the value of this measure.

The months of greatest prevalence of the disease were September and December and the months of least prevalence May and June.



The towns with the highest death rates from cholera were Chatra in the Hazaribagh district (44·15 per thousand) Katihar in Purnea (20·28), Nadia (18·75), Gaya (15·34), Deoghur in Sonthal Parganas (15·27), Daltonganj in Palamau (14·04), Puri (12·95), Kendrapara in Cuttack (12·79), and Purnea (12·77). In rural areas the highest death rate, 40·75 per thousand, was recorded in Purnea.

Among the European seamen of the port of Calcutta there were two deaths from cholera, and there were 65 among the native floating population.

92. The total number of deaths from cholera recorded in the United Provinces was 22,438, equal to a ratio of ·47 per thousand of population, as compared with 149,549 and a ratio of 3·14 in 1906. The average death rate of the preceding quinquennium was 1·47. The greatest number of deaths occurred in October and the smallest number in May. No death from cholera was reported during the year in two—Meerut and Hamirpur,—out of the 48 districts, and three others,—Garhwal, Muzaffernagar and Jalaun—were also practically free, the number of deaths returned being two in each case. The highest death rates for this disease recorded in towns were 5·93 in Sahatwar (Ballia), 3·96 and 3·01 in Sikandra Rao and Hathras (Aligarh District) respectively and 2·88 in Ballia. Of the 106 towns with populations of 10,000 or more, no death from cholera was reported in 45, while in 31 of the remainder the number reported did not exceed ten. The urban and rural mortality were less than in the previous year, the rates being ·41 and 1·59 against ·47 and 3·25, respectively.

93. In the Punjab the total number of deaths recorded as due to cholera was only 437 (·02 per thousand of the population) against 4,232 (·21) in the previous year and ·22 the mean of the quinquennial period ending with 1906. Out of a total of 32,834 towns and villages, only 67 were affected by cholera, but excepting in a few localities the disease did not prevail anywhere in a serious epidemic form. No death from cholera was reported to have occurred during January, February and April, and only two deaths were reported in March, of which one was in the Amritsar and the other in the Shahpur district; September, as in the previous year, was the month of maximum prevalence, when 154 deaths were registered. The largest number of deaths occurred in the Gujranwala district (162, including 125 in the town), Lahore coming next (66, of which 26 were in the Punjab Lunatic Asylum, Lahore), and the lowest in the Montgomery and Multan districts (one only in each). Of the 144 municipal towns in the province, cholera was reported from only 19. It is stated that at the Sun Eclipse Fair, held at Thanesar on the 14th January 1907, which was attended by more than 200, 500 pilgrims, no case of cholera occurred. The outbreak at the Lunatic Asylum was of a virulent and rapidly fatal type. It began on the 6th November and ceased on the 3rd December during which period 26 cases (all fatal) occurred. In the opinion of the Superintendent of the Asylum, the epidemic was one of *cholera sicca*. The epidemic is said to have originated by the female inmates drinking filthy water from a *dhobi* tank in which a newly-admitted patient suffering from cholera had bathed.

94. In 1906 no case of cholera was reported to have occurred in this Province, but in 1907 there were recorded 266 deaths of which ten were in the Hazara district, 39 in Peshawar and 217 in Kohat. The cases in the Kohat district occurred



during September, October and November, the month of greatest prevalence being October; in the other two districts, all the cases occurred in November, except one case at Nowshera (Peshawar district) in July. The introduction of the disease was attributed to a cholera infected traveller who came from down country to a village in the Kohat district. The disease spread from this village to others and to the municipal town of Kohat. In the Peshawar district the disease was imported by a man from Kohat, but the outbreak in the Hazara district could not be traced to importation.

95. In Ajmer-Merwara only one death from cholera was recorded during 1907 as compared with 284 deaths in 1906. No death from this disease had been recorded during the years 1903 to 1905.

**Cholera in Ajmer-Merwara.**

96. In the Central Provinces and Berar the total number of deaths recorded as due to cholera was 4,291, or '36 per thousand of the population, as compared with a total of 38,768 and a ratio of 3'26 per thousand in 1906. Of the total number in the year under review, 3,022 (equal to a ratio of '33 per thousand of the population) were recorded in the Central Provinces and 1,269 ('46 per thousand of the population) in Berar. Of the 20 districts in the Central Provinces, four only, *viz.*, Murwara, Hoshangabad, Mandla and Betul were free from the disease; of the sixteen infected districts Nagpur with 890 deaths, Raipur with 595, Wardha with 341, Drug with 392 and Bilaspur with 301 suffered most severely.

In Berar all four districts were affected, Buldana with 515 and Akola with 437 deaths having the highest mortality. In the province as a whole the months of greatest prevalence were September and August and those of least prevalence June and December.

97. In the Bombay Presidency there were recorded as due to cholera 7,656 deaths, equal to a ratio of '41 per thousand of population, as compared with 46,119 deaths or a ratio of 2'50 per thousand in 1906. During the last twenty years the mortality from this disease has on only five occasions been lower than in the year under report. Of the 26 districts, eight were entirely free from the disease, and five others were only slightly affected. The highest death rates were recorded in Sholapur (2'98 per thousand of population), Bijapur (1'26), Ahmednagar ('91) and Poona ('65). The highest mortality occurred during July and August and the lowest in December and February.

**Cholera in Bombay.**

Deaths from cholera were recorded in 24 of the 56 town circles in the Presidency, as compared with 42 in 1906; the highest rates per thousand being 39'96 in Pandharpur (Sholapur), 2'54 in Gokak (Belgaum), 1'63 in Nasik and 1'50 in Alibag (Colaba). In the City of Bombay and in Poona 431 and 91 deaths respectively were recorded as compared with 1,223 and 573 in the previous year.

The Deputy Sanitary Commissioner reported in connection with the epidemic in the Southern Registration District that there was no evidence to show how the infection was introduced into Bijapur *zilla*. The epidemic started on the 7th January in a village in the Badami *taluka*, within three days it spread to two more villages and thence the infection spread upstream, showing in the majority of instances that it was carried by man. In the Indi *taluka* the epidemic commenced simultaneously in seven villages at the end of July and it



is quite possible that the infection came to this *taluka* from the Pandharpur fair, as the date of infection coincided fairly closely with the exodus of people from the fair.

The Acting Deputy Sanitary Commissioner of the Central Registration District observes that the disease began in February with four cases each in Ahmednagar and Poona but it was not until July when 2,161 deaths were reported, that a large number of deaths occurred. Of this number 1,731 occurred in the Sholapur district and it appeared probable that the large gathering of pilgrims for the Ashadi fair in Pandharpur was responsible for much of the cholera in this district, as the fair was held in June.

98. In Coorg 187 deaths from cholera were recorded during 1907, giving a ratio of 1·04 per thousand of population. The province had been entirely free from the disease in the four years prior to 1906 when ten deaths were reported.

*Cholera in Coorg.*

99. In the Madras Presidency in 1907 there were 81,565 deaths recorded as due to cholera, giving a ratio of 2·2 per thousand of population, as compared with a total of 142,811 and a ratio of 3·9 per thousand in 1906. Deaths from cholera were reported from all the districts in the Presidency and the disease was present throughout the year in 11 of the 23 districts. The highest death rates recorded in districts were 8·5 in Malabar, 4·9 in Anantapur, 4·4 in South Arcot, 4·3 in South Canara, 3·1 in Tanjore, 2·9 in Trichinopoly and 2·0 in Madura. In the Bellary district only 19 deaths were recorded, in the Kurnool district 64 deaths and in the Nilgiri district 95 deaths. The months of greatest prevalence were December and August, in which no less than 13,931 and 10,872 deaths, respectively, occurred, and the lowest numbers of deaths 2,872 and 3,337 were recorded in April and May.

*Cholera in Madras.*

The highest death rates from cholera recorded in towns were 28·7 in Cochin, 22·0 in Devakkottai, 20·6 in Abiraman, 14·8 in Tuticorin and 13·5 in Ponnani; while Ongole, Kurnool, Nandyal, Kodaikanal, Coonoor and Tirupati were free from the disease. Out of 43,232 towns and villages in the Presidency, deaths from cholera were reported from 6,430 as against 11,212 in 1906.

The purification of contaminated sources of water-supply by permanganate of potash was favourably reported on.

100. From the marginal statement in the first paragraph of this section it will be seen that in British territory in India the death rate per thousand of population from small-pox fell from ·48 in 1906 to ·46 in 1907. The mean ratio for the quinquennial period from 1902-1906 was ·39. The total number of deaths recorded from this disease during 1907 was 103,988 against 109,583 in 1906 and 70,962 in 1905. In the Punjab, the North-West Frontier Province, the Central Provinces and Berar, Lower Burma, Madras, Bombay and Coorg, the death rates were lower than in 1906, the decrease being greatest in the Central Provinces and Berar and Lower Burma. The small-pox mortality recorded in towns was almost the same as that in rural areas; and the deaths of children under ten years of age amounted to 69·70 per cent. of the total number of deaths from this cause.

*Small-pox. Table I of Appendix B to Section VI.*



In Burma the number of deaths from small-pox fell from 8,540 in 1906 to 2,882 in 1907. In Lower Burma 6,371 fewer deaths occurred than in the previous year while in Upper Burma there was an increase of 713. The largest number of deaths occurred in April and May and the smallest in October and November. The highest death rates were recorded in the Akyab and Toungoo districts in Lower Burma and the Pakkoku and Yamethin districts in Upper Burma.

In Eastern Bengal and Assam during 1907, small-pox caused 8,693 deaths, equal to a death rate per thousand of  $\cdot 29$  against 6,972 deaths and a ratio of  $\cdot 23$  in 1906. The highest rates in districts were reported from Kamrup ( $3\cdot 48$ ) and Darrang ( $3\cdot 33$ ). In the former, the number of deaths reported (2,051) was higher than in any previous year. In towns the highest death rate ( $9\cdot 15$ ) was again recorded in Barpeta, the head-quarters of the Mahaparushiyas, who, on religious grounds object to vaccination. The Civil Surgeon of the Kamrup district reports, however, that the sect are yielding to persuasion and that endemic small-pox in Barpeta is at last diminishing. In the Cachar district only two deaths were reported.

In Bengal the number of deaths from small-pox rose from 22,206 ( $\cdot 43$  per thousand) to 29,066 ( $\cdot 57$  per thousand) in 1907; the mean death rate during the quinquennial period ending with 1906 was  $\cdot 45$  per thousand. Puri is the district where the mortality from small-pox is usually highest but in 1907 the recorded death rate was only  $2\cdot 95$  as compared with  $4\cdot 85$  in 1906. In towns 3,366 deaths and in rural areas 25,700 deaths from small-pox were registered as compared with 4,438 and 17,768 respectively during the previous year. Among children from five to ten years of age the mortality was slightly higher than in 1906 but among children between one and five years it was lower than in that year.

In the United Provinces in 1907 there were 22,645 deaths from small-pox against 13,202 in 1906, and 3,273 in 1905, the corresponding rates being  $\cdot 47$ ,  $\cdot 28$ , and  $\cdot 07$  per thousand of population. The average rate for the quinquennial period was  $\cdot 21$ . The districts with the highest death rates were Pertabgarh ( $2\cdot 15$ ), Sultanpur ( $1\cdot 99$ ), Hardoi and Gonda (each  $1\cdot 85$ ), Rai Bareilly ( $1\cdot 50$ ), Budaun ( $1\cdot 20$ ), and Gorakhpur ( $1\cdot 08$ ). Four districts—Garhwal, Muttra, Jhansi and Jalaun were practically free from this disease during the year. No death from small-pox was recorded in 42 of the 106 towns with a population of 10,000 and upwards, while in 49 the number did not exceed ten.

In the Punjab 11,082 deaths from small-pox, equal to a ratio of  $\cdot 55$  per thousand were registered during the year, as compared with 13,239 deaths and a ratio of  $\cdot 66$  in 1906, and  $\cdot 55$  the mean ratio during the preceding quinquennium. The highest rates in districts were  $1\cdot 7$  in Gurgaon,  $1\cdot 29$  in Jhelum,  $1\cdot 23$  in Jhang, and  $\cdot 94$  in Amritsar. The death rate in the 28 towns in which vaccination is compulsory was  $\cdot 93$  per thousand, compared with  $1\cdot 72$  in towns in which vaccination is optional.

In the North-West Frontier Province the number of deaths recorded as due to small-pox fell from 1,127 ( $\cdot 57$  per thousand) in 1906 to 769 ( $\cdot 40$  per thousand). The great majority of deaths (668) occurred in the Peshawar district. The disease prevailed during every month of the year in the Hazara and Peshawar districts. The months of greatest prevalence in the province as a whole being



November and December. In the city of Peshawar where the Vaccination Act has not been brought into force, a death rate of '80 per thousand of population was recorded.

In Ajmer-Merwara 497 deaths (1'04 per thousand) from small-pox were recorded during 1907 as compared with 271 ('57 per thousand) in 1906.

In the Central Provinces and Berar there were 3,826 deaths from small-pox, equal to a ratio of '32 per thousand of population, as compared with 9,889 deaths and a ratio of '83 in 1905 and '45 the mean ratio during the preceding quinquennium. Of the total number of deaths 2,814 were of children under ten years of age. The largest numbers of deaths were reported in the Mandla (837), Drug (676) and Bilaspur (533) districts.

In the Bombay Presidency the number of deaths from small-pox recorded during 1907 was 1,862 ('10 per thousand of population) against 4,063 ('22 per thousand of population) in the previous year. Deaths were reported from 113 of the 287 registration circles in the Presidency but the disease was chiefly confined to the Western, Central and Southern registration districts, in which 192,259 and 1,371 deaths respectively were recorded, while the Sind and Gujarat districts were practically free. Of the total number of deaths no less than 975 or about 52 per cent. occurred among children under ten years of age. The months of greatest prevalence were March and April. The districts which suffered most severely were Kanara (646 deaths), Dharwar (477) and Belgaum (199) all in the Southern registration district.

In Coorg the number of deaths reported as due to this disease was 211 against 234 in the previous year.

In the Madras Presidency small-pox accounted for 22,455 deaths ('6 per thousand of population) against 29,840 ('8 per thousand) in 1906. In 20 out of the 23 districts the disease was present throughout the year, the highest death rates recorded per thousand of population being 2'7 in North Arcot and 2'5 in South Arcot; in the other districts the rate was below 1 per thousand. Of the 61 municipal towns, in 19 no death was recorded and in 23 others the number of deaths reported did not exceed four in each; the highest rates recorded were 2'8 in Mannargudi, 2'2 in Ellore, 1'8 in Anantapur and 1'6 in Tiruvannamalai. In urban areas the death-rate was '3 and in rural areas '6.

101. The great increase in the mortality from plague was the distinguishing feature of the year 1907. The number of deaths recorded from this disease throughout the country rose from 356,721, in 1906 to 1,315,707, the highest total since the beginning of the present epidemic.

#### Plague.

In the British Provinces the number of plague deaths registered was 1,166,223 which is more than twice as many as were recorded from cholera and small-pox combined and more than three times as many as occurred in the previous year. The course of the epidemic is shown in comparison with that of the previous nine years in the chart supplied with this report and it will be seen that like the epidemic of 1905 it presented some peculiar features. It was, as usual, at its height during March, April and May, declined rapidly to a very low point during the hottest months and rose with the approach of autumn; but the rise, instead



of continuing steadily throughout the last four months of the year, ceased in October, and the period of least mortality occurred in December. The absence of an autumnal and winter rise was the only hopeful feature in an epidemic of terrible severity for as in 1905 it enabled a prediction to be made that in the coming year the epidemic would be comparatively a mild one. It is fortunate for the country as a whole and for the Punjab in particular that the prediction has been fulfilled.

The mean death rate from plague in the British Provinces was 5·16 per thousand as compared with 1·33 in 1906 the increase being common to all provinces except Eastern Bengal and Assam, Upper Burma and Ajmer-Merwara. It was greatest in the Punjab where 608,685 deaths were recorded against 91,712 in the previous year, the United Provinces where the number of deaths was 328,862 against 69,660, Bombay where the number was 93,609 against 51,525 and Bengal where it was 83,602 against 59,619. In the North-West Frontier Province the number of plague deaths increased from 47 to 1,547, in the Central Provinces and Berar from 18,121 to 37,774 and in the Madras Presidency from 898 to 2,872. Eastern Bengal and Assam, Ajmer-Merwara and Coorg continued to be almost free from the disease.

In the city of Calcutta the mortality rose from 2,606 to 3,591 but in Bombay city it fell from 10,802 to 6,379 and in Madras City from 56 to 3.

102. The total number of recorded plague deaths rose from 8,637 in 1906 to 9,249 but the increase was confined to Lower Burma, there being a decrease of 137 in Upper Burma. The districts chiefly affected were Rangoon (8·38 per thousand), Amherst (3·44), Henzada (1·54), and Bassein (1·25) in Lower Burma and Mandalay (7·41) and Yamethin (1·13) in Upper Burma. In Lower Burma the mortality rose steadily from January to April in which month 1,009 deaths were recorded and the epidemic then gradually declined. In Upper Burma the heaviest incidence occurred during January and February and in June one death only was recorded. Of the 19 districts in Lower Burma, the three in the Arakan division remained free from indigenous plague. In Upper Burma, three out of the 11 districts were entirely free and in a fourth three deaths only were recorded. In towns in Lower Burma the highest death rates were recorded in Minhla (29·48) Myanaung (20·47), Lamyethna (17·55), and Moulmein (16·97), and in Upper Burma in Kyaukse (16·01), Yamethin (14·06) and Mandalay (13·82). In rural areas in Lower Burma 620 deaths only were reported, equal to a death rate of ·13 compared with 7·48 in towns. In Upper Burma the rural death rate was ·07 compared with 9·41 in towns.

103. Only eight cases of plague were reported in Eastern Bengal and Assam, four of which were of the pneumonic type. The immunity enjoyed by the inhabitants of this province is one of the most notable features of the present epidemic and a comprehensive study of the conditions of life of the people and of the rats might lead to important results.

104. In 1907 the total number of deaths from plague in Bengal was 83,602 giving a ratio of 1·65 per thousand of population, against 59,619 and a ratio of 1·17 in the preceding year. Of the total deaths 14,276 were recorded in towns and 69,326 in rural areas. Only six out of the 33 districts enjoyed immunity from the disease.



The Patna and Saran districts which headed the list last year were the worst sufferers again in 1907, recording death rates of 13·45 and 12·45, respectively. Next in order come Shahabad (5·12), Calcutta (4·23), Gaya (3·71), Muzaffarpur (1·50), Monghyr (1·31), and Darbhanga (·88). The districts above named have suffered the most since the appearance of this disease in the province. As regards towns, the highest rates were 42·19 per thousand in Revelganj (Saran), 30·69 in Dumraon (Shahabad), 29·73 in Lalganj (Muzaffarpur), 25·28 in Roserha (Darbhanga), 22·86 in Gaya and 20·07 in Arrah (Shahabad). There was a localized outbreak of the pneumonic type of the disease in Darjeeling resulting in seven deaths. The first case was imported from Chapra and the only persons who contracted the disease were those who were in immediate attendance on the patients suffering from it. Stringent measures were adopted and the disease was stamped out. From the chart attached to this report it will be seen that the months of greatest prevalence were April (30,970 deaths) and March (23,970) and the fewest deaths occurred in July (306) and October (313).

105. The number of plague deaths registered rose from 69,660 in 1906 to 328,862 and the death rate from 1·46 to 6·90. The mortality rose rapidly from January, attained its maximum in April (109,619 deaths), fell slightly the succeeding month and attained the minimum in August (310 deaths) after which it gradually rose again. Females, as usual, suffered more than males, the death rates among them being 7·98 and 5·88 respectively. The highest district death rates occurred in Muzaffarnagar (55·70 per thousand), Saharanpur (23·97), Ballia (20·67), Bijnor (16·32), Lucknow (15·75), Meerut (15·04) Budaun (14·51) and Ghazipur (14·22). Almora was the only district entirely free from the disease but in each of six others—Jalaun, Banda, Jhansi, Naini Tal, Hamirpur and Garhwal the number did not exceed ten. Of the 106 towns with a population of over 10,000, only 14 escaped entirely. In rural areas the death rate was 6·33, compared with 14·33, in the towns.

106. The number of deaths attributed to plague in the Punjab was the highest ever recorded, the total having been 608,685 or 30·27 per thousand of population as compared with 104,863 (4·56 per thousand) in 1906. Twenty-seven out of the 29 districts were infected, only Simla and Dera Ghazi Khan escaping. In 14 districts the death rates recorded were over 20 per thousand of population the highest rates being 80·61 in Gujranwala, 70·08 in Gujrat, 62·58 in Shahpur; 57·91 in Sialkot and 55·35 in Rohtak.

In towns the highest rates were recorded in Dinga in Gujrat (119·20), Hodal in Gurgaon (107·10), Eminabad in Gujranwala (96·55), Rohtak (78·87). Of the larger towns Lahore with 5,044 deaths (26·99) and Jullundur with 2,300 deaths (42·24) suffered severely. In rural circles the mean mortality rose from 4·45 in 1906 to 31·76 in the year under report. The months of greatest prevalence were March, April and May, and fewest cases occurred in September and August. The course of the epidemic in this province during the last ten years is shown in the chart attached to this report.

107. During 1907 plague became epidemic for the first time in this province. The total number of deaths recorded in all the districts was 1,547, of which the Peshawar district contributed 1,302 giving a death rate of 1·73 per thousand of population; the

Plague in the North-West Frontier Province.



District of Dera Ismail Khan coming next with 203 deaths and a death rate of  $\cdot 82$  per thousand. It is said that in the town of Peshawar the origin of the disease was traced to the importation of a dead plague-rat in a consignment of grain. In Peshawar City 381 cases of bubonic plague with 340 deaths were reported by the special plague medical officer but there was reason to believe that many cases were concealed by the people. The first indigenous case in the town of Dera Ismail Khan occurred towards the end of April, and plague established itself during May, June and July and then died out. In all 285 cases with 198 deaths were reported.

108. The number of deaths from plague in Ajmer-Merwara fell from 68 in 1906 to 13 in 1907, the death rates among males and females respectively, being  $\cdot 04$  and  $\cdot 01$  per thousand.

**Plague in Ajmer-Merwara.**

109. In 1907 there were 37,774 deaths, more than one half of which occurred in the Berar Division, attributed to plague in these provinces, equal to a ratio of  $3\cdot 18$  per thousand of population, as compared with 18,121 and a ratio of  $1\cdot 53$  per thousand of population in 1906. Of the 24 districts, two, *viz.*, Betul and Bilaspur were practically free from the disease, and two others, Damoh and Drug were affected to a very slight extent. The districts of Jubbulpore (death rate  $13\cdot 14$  per thousand) and Buldana ( $10\cdot 84$ ), suffered most severely. In January the number of recorded deaths was 5,383, in February 7,589 and the maximum was reached in March with 11,390, in April the number fell to 4,727 and for the next three months steadily declined, after which there was again a rise until October when the numbers fell to 728 in November and 561 in December. In towns the highest rates were recorded in Jalgaon ( $57\cdot 26$ ), Belgaon ( $57\cdot 15$ ), Anjangaon ( $48\cdot 84$ ) and Damoh ( $44\cdot 34$ ). Males suffered almost as severely as females, the deaths being 19,060 and 18,714 respectively.

**Plague in the Central Provinces and Berar.**

110. In 1907 the number of deaths from plague was 93,609 equal to a death rate of  $5\cdot 06$  per thousand of population, as compared with 51,525 deaths and a ratio of  $2\cdot 78$  per thousand in 1906 and  $8\cdot 80$  the mean ratio for the preceding quinquennium. The highest ratios recorded in districts were  $31\cdot 76$  in Satara,  $17\cdot 51$  in Kaira,  $14\cdot 07$  in Belgaum,  $8\cdot 45$  in Ahmedabad, and  $6\cdot 65$  in Bombay City. The Upper Sind Frontier was entirely free from the disease and in the Thar and Parker districts, one death only was registered. Among towns, Wai and Karad in the Satara district with rates of  $58\cdot 33$  and  $49\cdot 58$  respectively suffered severely. The chart attached to this report shows that the seasonal incidence of the disease followed its usual course which with its double rise is markedly different from the course usually followed in other provinces.

**Plague in Bombay.**

111. Only two deaths from plague were reported in Coorg during 1907; during the two preceding years this small province was entirely free from the disease.

**Plague in Coorg.**

112. In 1906 there were 898 deaths recorded from plague, but in 1907 the number rose to 2,872. Out of a total of 23 districts, no case was reported from nine, in six others there were only a few imported cases and of the remaining eight, Bellary, the Nilgiris and Salem were the only ones in which the number of deaths was at all considerable. The months of greatest prevalence were September and October

**Plague in Madras.**



and the disease was prevalent throughout the year in the Salem and South Canara districts. In towns the highest mortality was recorded in Bellary (787 deaths), Mangalore (121) and Tellichery (78).

113. The total number of deaths recorded in British territory in India during 1907, under the heading "fevers" was 4,464,881 as compared with 4,452,842 during 1906, the ratios per thousand of the census population being 19·76 against 19·69 in 1906. The death rate returned under this heading in the year under review was higher than in any year since 1900 but it is probable that as plague was exceedingly prevalent an unusually large number of deaths from this disease were recorded under the heading "fevers." In last year's report some reasons were given for assuming that the number of deaths from malaria is about 25 per cent. of the number recorded as due to fever and on this estimate (which is doubtless too high) the number of deaths from malaria among the civil population in British territory during 1907 would have been 1,116,220 and the death rate 4·9 per thousand of population, figures which are not very different from those of plague. The largest numbers of deaths from fevers were, as usual, recorded in October, November and December and the smallest numbers in August, July and June. Amongst provinces with the highest mortality, the United Provinces stands first with 1,350,405 deaths, followed by Bengal with 1,171,540, Eastern Bengal and Assam with 631,197, and the Punjab with 405,481.

In both Lower and Upper Burma the recorded death rates under fevers were slightly higher than in the previous year, being 10·28 and 7·53 as compared with 9·77 and 7·34 respectively. The mean ratio in the preceding quinquennium was 7·02.

In Eastern Bengal and Assam 631,197 deaths from fever were recorded (21·17 per thousand of population) as compared with 645,733 deaths (21·65 per thousand) in 1906. The mean ratio for the antecedent quinquennium was 23·01. The Dinajpur district, as usual, returned the highest death rate, namely, 39·22, followed by Rajshahi with 35·66, Malda with 34·77, Jalpaiguri with 31·94 and Goalpara with 30·44. The largest number of deaths (82,376) was registered during December and the smallest in August. Among towns the highest death rates were recorded in Nawabganj (32·89 per thousand), Sherpur (35·33), Malda (30·45), Rampur Boalia (28·20), Nator (27·03), Cox's Bazaar (20·80) and Jalpaiguri (20·08). The total number of deaths recorded as due to Kala-Azar in the province was 2,227, as compared with 2,407 in 1906 and 3,030 in 1905. With the exception of Lakhimpur, deaths were reported from all districts, the largest number (845) having occurred in the Darrang district. The mortality from this cause has steadily declined since 1902, in which year there were 6,319 deaths. The first report to the Advisory Committee appointed to conduct an investigation regarding malaria and blackwater fever in the Dooars is referred to in Section IX.

In Bengal the death rate recorded from fevers during 1907 was 23·18 per thousand of population as compared with 22·41 in 1906 and 21·86 the average of the five years 1902—1906. The largest number of deaths occurred during October, November and December and the smallest during May and June. The highest death rates during the year were recorded in the districts of



Birbhum (38·27), Purnea (36·96), Palamau (33·19) and Nadia (32·38). Anti-malarial operations continued to be carried out in three towns—Ranaghat, Jagadispur and North Barrackpore at a total cost of Rs. 10,364.

The proposals of the Drainage Committee appointed in October 1906 to ascertain how far the prevalence of malarial fever in the Presidency Division is due to defective drainage were submitted to the Local Government in April 1907.

In the United Provinces 1,350,405 deaths (28·31 per thousand of population) were ascribed to fevers during 1907 as compared with 1,317,491 in 1906 (27·62 per thousand) and 26·12 the quinquennial average. The largest number of deaths was recorded in December and the smallest in August. The districts of Saharanpur, Bulandshahr and Jalaun recorded the highest mortality and Ballia, Garhwal, Partabgarh and Almora, as in 1906, the lowest. In towns the death rate was 26·60 against 28·44 in rural areas, the ratios for the previous year being 29·18 and 27·51 respectively. Among towns Deoband (Saharanpur), showed the highest death rate with 82·06, Sherpur (Bulandshahr) coming next with 72·25; and Bansdih and Sahatwar (both in the Ballia district) recorded the lowest rates (5·98 and 8·54 respectively).

In the Punjab during 1907 the total number of deaths recorded as due to fevers was 405,481 giving a ratio of 20·16 per thousand of population as compared with 407,878 and a ratio of 20·28 per thousand in 1906. The largest number of deaths was registered in December, due probably it is said to the combined effects of the great cold and the high prices which prevailed. The districts in which the highest death rates were registered were Delhi (33·96), Karnal (28·73), Gurgaon (26·17), Hissar (27·74), Rawalpindi (28·26), Attock (27·17), and Mianwali (27·52); the provincial Sanitary Commissioner considers, however, that in some of them, the mortality reported as due to fevers was swelled by that resulting from plague. In towns the highest mortality was recorded in Faridabad and Delhi in the Delhi district (46·33 and 45·37 respectively), Sirsa in the Hissar district (44·94) and Kot Mithan in the Dera Ghazi Khan district (42·44). The urban and rural death rates were practically the same, *viz*:—19·17 in the former and 20·28 in the latter.

In the North-West Frontier Province 52,361 deaths from fevers were recorded during 1907 as compared with 52,039 in 1906, the ratios per thousand of population being 27·44 and 26·14, respectively, the mean ratio for the preceding quinquennium being 22·83. The increase in the mortality was not due to malaria as the year under review was less malarious than its predecessor, but is attributed to the fact that large numbers of people whose constitutions had been sapped with malaria in the autumn of 1906, died of pulmonary complaints in the early part of the year and also in the month of December which was unusually cold. The months of greatest prevalence were January, February and December and the lowest July, August and April. The heaviest mortality was recorded in the Bannu district (31·75), followed by Dera Ismail Khan (31·31); and in towns Peshawar heads the list with 1,324 deaths (18·05), Dera Ismail Khan coming next with 611 (21·60).

In Ajmer-Merwara 11,117 deaths (23·31 per thousand of population) were ascribed to fevers as compared with 12,292 in 1906 (25·77 per thousand of population).



In the Central Provinces and Berar 213,908 deaths (18·00 per thousand of population) were ascribed to fevers during 1907 as compared with 225,141 (18·95 per thousand) in 1906. In 16 out of the 24 districts the mortality was lower, but in eight it was higher than in the previous year. The largest number of deaths (24,866) was reported in October and the smallest in April. The provincial Sanitary Commissioner says there is reason to suspect that plague and many other diseases attended with febrile symptoms were registered as "fevers" and for this reason it is difficult to estimate the exact prevalence of malaria, the incidence of which, if judged by dispensary statistics, was lower than usual. In the towns of Betul, Damoh, Jubbulpore, Khandwa and Buldana and also in the three municipal towns of the Narsinghpur district, anti-malarial operations were carried out, and the drainage in the towns of Seoni and Akola was improved.

In the Bombay Presidency the number of deaths recorded as due to fevers was 260,329 (14·09 per thousand of population) as compared with 274,653 (14·86 per thousand) in 1906. The mean ratio for the preceding five years was 14·09. The districts with the highest mortality were Sukkur (26·51), Ahmedabad (25·92) and Larkhana (22·46); the lowest death rates were registered in Bombay City (3·74), Belgaum (5·78) and Dharwar (7·18). The Sind Registration District again recorded the highest ratio (19·25 per thousand) and the Southern the lowest (8·33 per thousand). The largest number of deaths was reported in January and the smallest in June. Anti-malarial operations on a small scale were undertaken by the municipalities in the towns of Bijapur and Nasik.

In Coorg 4,868 deaths (26·95 per thousand of population) were recorded as due to fevers as compared with 4,266 in 1906 (23·62 per thousand of population).

In the Madras Presidency the death rate recorded from fevers was, as usual, much lower than that recorded in any of the other chief provinces. The total number of deaths recorded under this heading was 284,430 against 304,926 in 1906, giving ratios of 7·8 and 8·4 per thousand, respectively. The districts of Ganjam and Vizagapatam, for the third time, returned the highest rates, *viz.*, 18·1 and 16·1 per thousand, respectively. In towns, excluding Madras, the highest rates recorded were in Nandyal (12·6), Nellore (12·5), Kurnool (11·8) and Anakapalle (11·1). The largest numbers of deaths were reported in December and January and the smallest in April and June.

114. In Burma a large increase took place in the sale of quinine, a total of 1,265,564 powders having been disposed of in 1907, through the agency of post offices, district officers and vaccinators against 733,903 in 1906. It is hoped that arrangements for the issue of the drug as a compressed tablet will be possible during the current year, as in this form it is greatly preferred by the Burmans.

In Eastern Bengal and Assam the total number of packages of quinine sold was 18,993; no comparison can be made with the sales of previous years, as this is the first year for which there is a complete record of the sales throughout the province under the system of distributing the drug through the agency of district Civil Surgeons.



In Bengal 22,497 parcels of quinine (each containing 102 seven grain-packets) were sold against 32,189 in 1906 and 35,472 in 1905. The decrease is due to the fact that the figures for 1906 included the statistics of parcels sold in the 14 districts transferred to Eastern Bengal and Assam.

In the United Provinces only 722,377 powders were sold during 1907 against 1,205,181 in 1906—a decrease of 482,804 which it is said may be due to the free distribution of larger quantities of the drug. Post offices, landlords and schoolmasters sold fewer powders but vaccinators sold a larger number in 1907 than in the preceding year. Under the orders of the Local Government *tahsildars*, *patwaris*, stamp vendors and Court of Wards officials have been authorized to sell quinine and the system of sale through landlords was extended.

In the Punjab quinine was, as usual, distributed gratuitously through the agency of vaccinators, subordinate revenue and village officials, but beyond the statement that pice packets of quinine are kept for sale by postmasters at places where there is no dispensary no information regarding the sale of the drug is contained in the Provincial Sanitary Commissioner's report.

In the Central Provinces and Berar 3,361 packets, each containing 102 seven-grain powders, were sold during the year as compared with 4,362 in 1906. The decrease in the sales in 1907 is partly accounted for by the fact that the 3,285 packets supplied as an advance in 1906 for sale to the *patwaris* in the Nagpur, Wardha, Chanda and Balaghat districts have not been taken into account, as their actual sales are not known; and the decreased prevalence of malarial fevers may also account for the sale during the year. The drug was, as usual, sold by postmasters, schoolmasters, stamp vendors and *patwaris*.

115. The number of deaths recorded in British territory in India under the *Dysentery and diarrhoea*. Table heading dysentery and diarrhoea fell from 298,117 in 1906, to 282,191 in 1907, and the death rate per thousand of population from 1·32 to 1·25. A higher mortality than in 1906 was recorded in Bengal, the Central Provinces and Berar and Coorg, but in all other Provinces the number of deaths reported was lower. In India as a whole the greatest number of deaths as in the two preceding years, occurred during August and September and the smallest number during February, March, April and May.

In Lower Burma in 1907 the recorded death rate from dysentery and diarrhoea was 1·61 per thousand of population as compared with 1·65 in 1906 and in Upper Burma it was ·47 as compared with ·68. The urban and rural death rates in Lower Burma were respectively 3·68 and 1·30 and in Upper Burma 1·63 and ·32. The low rates in rural areas are probably due to defective registration.

In Eastern Bengal and Assam 20,463 deaths were attributed to dysentery and diarrhoea in 1907 against 26,912 in the previous year, the death rate per thousand of population being ·68 as compared with ·90. The highest mortality was, as usual, recorded in the tea districts of the Assam and Surma Valleys; Lakhimpur reported a ratio of 5·95, Darrang 4·10 and Sibsagar 4·08 per thousand of population. The highest mortality occurred in January and the lowest in August.

In Bengal, during 1907, 51,670 deaths (1·02 per thousand) from dysentery and diarrhoea were registered as compared with 48,920 (·96 per thousand) during 1906.



The increased mortality in the year under report is said to have been probably due to the severe prevalence of cholera. The districts in which the highest death rates were recorded were Howrah (4·86), Puri (4·83), Cuttack (4·46), Calcutta (3·24), and Ranchi (3·00). In five towns no death from these causes was reported and in 35 others the number was less than ten in each. The death rate in towns was, as in the year preceding, nearly three times as high as in rural areas.

In the United Provinces the recorded mortality from dysentery and diarrhoea (47 per thousand of population) was lower than that in the previous year and also below the average (·61) of the preceding quinquennium. The greatest number of deaths from this cause was recorded in June and the smallest in February. The Garhwal and Almora districts again headed the list of districts with the highest death rates and among towns Benares and Ballia, as in the previous year, recorded the highest mortality, *viz.*, 6·46 and 5·69 per thousand of population respectively. The urban death rate was nearly six times as high as that in rural areas.

In the Punjab during 1907 the number of deaths recorded under this heading was 15,091 (·75 per thousand of population) as compared with 17,595 (·87 per thousand) in 1906. The districts which recorded the highest death rates were Rawalpindi, Ambala, Jhang and Jhelum and those with the lowest were Muzaffargarh, Gujranwala, Attock and Dera Ghazi Khan. The mortality in towns was more than three times as high as in rural circles.

In the North-West Frontier Province 554 deaths were attributed to dysentery and diarrhoea as compared with 571 in 1906.

In Ajmer-Merwara 494 deaths were attributed to dysentery and diarrhoea as compared with 564 in 1906.

In the Central Provinces and Berar the number of deaths from these diseases rose from 42,583 (3·58 per thousand of population) in 1906 to 46,820 (3·94 per thousand) of which Berar contributed 26,526 or 9·63 per thousand and the Central Provinces 20,294 or only 2·22 per thousand of population. In the former, the Akola and Buldana districts registered the high rates of 13·61 and 11·09 respectively. The greatest number of deaths took place in September and October and the smallest in February and April.

In the Bombay Presidency 53,708 deaths were recorded from dysentery and diarrhoea giving a ratio of 2·91 per thousand of population as compared with 61,736 (3·34 per thousand) in 1906. The death rate was higher than in any other province except the Central Provinces and Berar. The mortality was highest in August and lowest in February. The highest ratios in Registration districts were recorded in the Western (4·64) and the lowest (·24) in Sind. The greatest prevalence of these diseases was in the rainy months July to October, inclusive, which the Deputy Sanitary Commissioner, Southern Registration District states is possibly due to the washing by heavy rain of soil impurities into the wells or other sources of drinking water. Among individual districts the highest ratios were recorded in East Khandesh (10·13), West Khandesh (9·13) and Ahmednagar (6·56). In towns the death rate was 3·29 and in rural areas it was 2·81 per thousand of population.



In Coorg 375 deaths (2·08 per thousand of population) were recorded from dysentery and diarrhœa as compared with 141 deaths (·78 per thousand of population) in the previous year.

In the Madras Presidency 60,326 deaths from dysentery and diarrhœa were recorded as compared with 61,588 in 1906, the death rate 1·7 being the same in both years. The highest district death rates were reported from Madras (6·14), the Nilgiris (5·5), Malabar (4·9) and South Canara (4·4) and the diseases were most prevalent in August, November and December.



## SECTION VII.

### GENERAL HISTORY OF VACCINATION.

116. During the year 1907-08 vaccination operations were conducted among a total population of 236,563,889 persons. The total number of operations amounted to 9,169,873 which excludes 44,820 operations, particulars of which were received too late for incorporation in the Bengal vaccination report for the year. The total work of the department shows an increase on the results of the year 1906-07, when 9,080,303 operations were performed, but less than that of 1905-06 when the total was 9,277,896. The work done during 1907-08 shows an improvement, on that performed during the preceding year in every province, except Burma, the North-West Frontier Province, the Central Provinces and Coorg: in Burma (23,119) and the Central Provinces (18,134) the decrease was comparatively large, but in the North-West Frontier Province (1,038) and Coorg (82) it was not great. The primary cases numbered 8,351,530 as compared with 8,341,794 in 1906-07, but except for increases in Eastern Bengal and Assam, Ajmer-Merwara, Bombay and Madras, the other provinces showed a fall. On the other hand in revaccinations every province, except Burma, the North-West Frontier Province and the Central Provinces, showed an increase. In all there were 818,343 revaccinations compared with 738,509 during 1906-07. Particulars of the increase or decrease in the two classes of work in the several provinces will be found in the succeeding paragraphs. The quality of both the primary and revaccination work showed an improvement. In primary cases, on the aggregate, 97·65 per cent. were successful against 97·21 in the previous year, the variation ranging between 99·32 per cent. in Bengal and 91·86 per cent. in Burma, the last named again occupying the last place. In revaccinations the percentage of success was 75·45 against 72·85 in 1906-07, the range being from 88·18 per cent., the highest, in the North-West Frontier Province and 58·97, the lowest, in Burma, the last named also occupying the lowest place in the previous year. Each vaccinator performed on the average 1,480 operations against 1,432 in 1906-07, there being the usual difference between provinces, the average per man being as high as 2,748 in the North-West Frontier Province and as low as 972 in Ajmer-Merwara.

The improvement in the vaccination work at dispensaries noticed last year was not maintained, as the total number of vaccination operations fell to 199,245 from 218,717 in 1906-07, and 207,421 in 1905-06. Four provinces show an increase, *viz.*, the United Provinces (1,181), Burma (610), Punjab (409) and Bombay (75), and the others a decrease, the more important being Bengal (15,002), Eastern Bengal and Assam (5,434) and the North-West Frontier Province (1,111).

The mean proportion of population successfully vaccinated, which had fallen from 36·39 in 1905-06, to 35·41 in 1906-07, rose again in 1907-08 to 36·07 per thousand of the census population. The highest ratio was, as usual, in Coorg, 53·74, and the lowest, 25·89, in Bombay. The protection afforded to children was at a higher rate than in the past few years. On an estimated birth rate of 40 per thousand of the census population, the percentage of infants successfully vaccinated was 42·46 in 1904-05, 43·83 in 1905-06, 42·62 in 1906-07



and 44·36 in 1907-08. On this artificial calculation the Central Provinces returned the highest rate, *viz.*, 73·46 and Coorg the lowest *viz.*, 10·44, these two provinces occupying the same places in the two preceding years.

The total cost of the department increased from Rs. 13,45,072 in 1906-07 to Rs. 13,90,087 in 1907-08, but the average cost of each successful case was the same in both years, *viz.*, two annas and seven pies. The expenditure was higher in every province, except Bombay, where it was lower than in the preceding year. In Bombay, however, the rate per successful case, eight annas and six pies, was highest while the lowest rate, one anna and three pies, was in Eastern Bengal and Assam.

117. As stated in the last report, all provinces, with the exception of the Central Provinces, the North-West Frontier Province

**Vaccine Lymph.**

and the two small provinces of Ajmer-Merwara and Coorg maintain their own depots for the manufacture of vaccine. The question of opening another depot at Ranchi, in Bengal, has been held in abeyance, while the fact that the depot at Patwa Dangar can now fully meet the requirements of the United Provinces, has resulted in a proposal to close the depot at Lucknow. The rebuilding of the Punjab Central Vaccine Institute at Lahore awaits the allotment of funds, and the buildings for the depot at Belgaum, for the Bombay Presidency, are in course of construction. In the Central Provinces the abolition of the Amraoti Paste depot necessitated the preparation of lymph at head quarter stations. The provision of suitable buildings for the purpose engaged attention. Further details as to the several descriptions of lymph used and the success secured in each province will be found in the succeeding paragraphs.

118. The total vaccination operations in the province during 1907-08, numbered 406,533 or 23,119 fewer than in the

**Burma.**

previous year. Of the total 350,975 were primary cases and 55,558 revaccinations, showing decreases of 19,424 and 3,695, respectively. The quality of the work, however, showed an improvement as in the former class of work 91·86 per cent. against 90·64 in 1906-07, and in the latter 58·97 per cent. against 53·43, were successful. In the districts the work in Tharrawaddy declined to about half compared with the two preceding years, which the provincial Sanitary Commissioner attributes to inefficiency and want of tact on the part of the vaccinators. In Henzada the continuous decrease of over 20,000 cases, during 1905-06, 1906-07 and 1907-08, is reported to be due to the past records being unreliable and the results grossly exaggerated : moreover, the people are opposed to vaccination and give no assistance to the vaccinators. The falls in Akyab and Rangoon are due to the small number left to be vaccinated, so many having been vaccinated in preceding years to check epidemics of small-pox. At dispensaries the total operations numbered 19,131 against 18,521 in 1906-07. The primary cases were 10,443 against 10,690, and the revaccinations 8,688 against 7,831, and the percentage of success 95·32 against 90·12 in the former and 60·18 against 59·34 in the latter, in the two years 1907-08 and 1906-07, respectively.

As regards vaccination generally, the Burmese population maintains a passive attitude, while Karens accept it readily. In the Northern Shan States there is



active opposition and progress is likely to be slow. Inoculation is still freely practised in non-municipal areas, and in the absence of ready access to vaccinators and distrust in the efficacy of the operation, the rural population resort to inoculation when an epidemic of small-pox threatens. Legislation to prohibit inoculation in rural areas, which at present is illegal in municipalities only, is under contemplation, which combined with an improved organization to meet the demand for vaccination, will in time put a stop to the dangerous practice.

On an estimated birth rate of 40 per thousand of the population, 19·71 per cent. of the children were successfully vaccinated, compared with 18·58 per cent. in the previous year. In towns the number of children successfully vaccinated exceeded the number calculated to be available by deducting the deaths from the births of the year. This is due to children born outside the towns being brought in and vaccinated.

The vaccine supply for the whole province, except Rangoon, continued to be prepared at the Meiktila depot. The present strain of vaccine has been maintained for over two years and kept from deterioration by retro-vaccination and the occasional inoculation of rabbits; the latter procedure being more reliable is now adopted exclusively. The difficulty of obtaining pure lanoline in spite of every effort has resulted in the major portion of the lymph supply being glycerinated or quinated. From an analysis of results the quality of work by the use of glycerinated lymph (93·8 per cent. successful) is superior to that of quinated lymph (91·0 per cent.), but although the latter will not be issued to the same extent as heretofore, its supply is to be continued to outlying stations on account of its power of remaining unimpaired. With lanolinated lymph the percentage of success was 88·6. The result of experiments of sealing tubes of glycerinated and quinated vaccine with wax dissolved in chloroform conducted by Major Entrican, I.M.S., the Superintendent of the vaccine depot, showed that the method considerably reduces the number of extraneous organisms and does not appreciably affect the longevity of the vaccine: the experiments are to be continued on a large scale.

The vaccine supplied from the Rangoon municipal vaccine depot was better and, almost without exception, good during the year. Paste is obtained from Bangalore and calves vaccinated with it instead of starting a local strain of calf lymph.

To test the practical utility of portable haversacks for vaccinators an experimental issue is to be made.

The cost of the department rose from Rs. 1,27,528 in 1906-07 to Rs. 1,38,604 in 1907-08, and of each successful case from six annas and one pie to six annas and eleven pies. The increase is largely due to the travelling allowance drawn by the sixteen additional Native Superintendents of Vaccination entertained during the past three years, and also to the employment of additional vaccinators, and the adoption in districts of the increased pay sanctioned for district vaccinators.

119. The work of the vaccination department showed an improvement in 1907-08, when, with an increase of 40,612 operations compared with 1906-07, the total number amounted to 1,358,644 cases. Of this total 1,284,349 were primary cases



and 74,295 revaccinations, against 1,262,029 and 56,003, respectively, in the previous year. The percentage of success fell somewhat below the rate achieved in 1906-07, *i.e.*, 98·23 in primary cases against 98·55, and 70·21 in revaccinations against 72·11. Taking the province as a whole, there was an increase in the number of operations, which was most marked in the districts of Dacca (18,133), Tippera (16,133), Rangpur (17,150), Bakarganj (18,293), Pabna (6,955), Bogra (5,730), Kamrup (3,097), and the Khasi Hills (8,302). By a comparison, however, of the work in the Eastern Bengal districts with that in the Assam districts it appears that since 1902-03 there has been an increase in the former, while in the latter the results have fluctuated from year to year, and during 1907-08, the amount of work done approximates that performed in 1903-04, which is below what was done in the intervening years. The absence of progress in the Assam districts is attributed to sickness due to kala azar, cholera and small-pox which tends to disturb the people, the population being sparse and communications difficult. Further, competent Assamese Inspectors of Vaccination are difficult to secure and Bengalis are loath to leave their own parts of the province. It is satisfactory to note that proposals to make service in the Assam districts more agreeable are under consideration. In the hill districts vaccination is making progress and it is a pleasing feature that the people of the Naga Hills and Chittagong Hill Tracts are acquiring the habit of applying for the services of a vaccinator when an outbreak of small-pox threatens.

The number of vaccinations at dispensaries amounted to 20,168, showing a further fall of 5,434 compared with the preceding year, and is accounted for by the fact of areas around the dispensaries in the Cachar and Sylhet districts, formerly reserved for dispensary officers, being placed under the Vaccination Department. The percentage of success in primary work was 98·40 against 97·89, and in revaccinations 81·34 against 86·03 in 1906-07. On tea gardens, of 15,347 operations, all, except 155, were primary cases with a percentage of success of 95·17. The corresponding figures in 1906-07 were 15,871, 71 and 98·28.

The department was revised with effect from the 1st April 1907 and now forms one graded provincial service which provides one inspector for each district and one sub-inspector for each circle in the plains, and one sub-inspector for each district in the hills, with a reserve of four sub-inspectors for casualties. The standard of education for admission to the department has been raised, and as soon as arrangements can be made, all inspecting officers will receive a training in departmental work. Several civil surgeons have represented the advisability of replacing licensed by paid vaccinators as the inability to collect the fee of two annas for each successful operation influences the number of candidates for licenses. It is mentioned that inoculation is still practised in the Habiganj subdivision of the Surma Valley district and in the Lakhimpur district.

On an estimated birth-rate of 40 per thousand, 30·76 per cent. of the infants were successfully vaccinated compared with 29·30 per cent. in 1906-07. In towns 52·15 per cent. of the available children were protected against 68·70 per cent. in the previous year. Two vaccination Acts, India Act XIII of 1880 and Bengal Act V of 1880, the former in certain Assam towns and the latter in the Eastern Bengal and other Assam towns are in force, but the working of the Bengal Act is not at present considered to be satisfactory, as both the inspecting staff and the vaccinators appear to fail in carrying out their duties efficiently.



The vaccine depot at Shillong worked satisfactorily during the year, loading 1,583,122 capillary tubes of vaccines, or 734,714 more than in the previous year, while the calves on the average yielded a larger supply of material. The quality and strength of the vaccine has been maintained and the complaints received as to the failure of supplies despatched from the depot in September and early October, are attributed to climatic influence in the plains. The machine for filling tubes invented by Major Entrican, I.M.S., was used with satisfactory results. Many improvements have been carried out at the depot and it is now possible to prepare twice as many tubes of vaccine as formerly and with less labour. Vaccine made with lanoline paste is no longer used and the province is now supplied with glycerinated vaccine stored in hermetically sealed capillary tubes. Instructions to discontinue vaccination from the arm and from locally vaccinated calves have been issued.

The department cost Rs. 1,02,096 against Rs. 90,635, the increase being due to the larger outturn of vaccine from the depot and also to the reorganization of the inspecting staff. Each successful case cost one anna and three pies which is one pie more than in the previous year.

120. The total vaccination operations in the province numbered 2,058,371 in 1907-08, as compared with 2,037,273 in 1906-07. Bengal. Of the total for the year, 1,868,290 or 6,686 fewer than the year before, were primary cases, and 190,081 or 27,784 more were revaccinations, giving a net increase of 21,098 cases. Of the thirty-four districts in the province, nineteen show an increase and fifteen a decrease; among the former the more noteworthy were Cuttack (18,874), Tributary States of Orissa (16,321), Puri (15,987), Jessore (11,405), and Manbhum (10,978); and among the latter the principal decreases occurred in Darjeeling (25,590), Murshidabad (16,513), and Bankura (10,416). Although on the whole the results were generally satisfactory, they would have been better but for the prevailing conditions of scarcity which made the people reluctant to offer their children for vaccination as they were unable to pay the prescribed fee. Indeed in some districts it was proposed to recoup the vaccinators for the loss sustained by unrealized fees. The better work in some districts stands to the credit of the department and the interest exhibited by district officers, while as to the smaller outturn in others, this was due to various local causes, among which in the majority of districts, scarcity played a part. The quality of the total work done was satisfactory and showed an improvement on the results of the previous year: in primary cases 99·32 per cent. were successful against 99·24 and in revaccinations 72·96 per cent. against 65·90. The paid vaccinators performed on the average a larger number of operations than the licensed men, but as in the preceding year, the latter secured a larger percentage of success in primary work, but not in revaccinations, than their paid confreres. There was a fall in the amount of work done by vaccinators attached to municipalities, dispensaries, etc., from 145,949 in 1906-07 to 130,947 cases in 1907-08. The primary cases were 88,481 against 90,873, and revaccinations 42,466 against 55,076 in the previous year. The percentage of success however showed an improvement, rising from 97·85 to 98·65 and from 56·66 to 68·70 in primary cases and revaccinations, respectively. In factories and on tea-gardens the primary cases and revaccinations numbered



4,279 and 11,421, respectively, as compared with 3,920 and 1,386, respectively, in 1906-07. The percentage of success was 95·02 against 98·44 and 78·92 against 42·92, respectively, in the two years.

On an estimated birth-rate of 40 per thousand of the population, 42·39 per cent. of the infants were protected compared with 39·46 in the previous year, which marks a continuance of the steady progress noted in the last report, and is due to the close and constant supervision exercised and the greater interest shown by civil surgeons and the vaccinating staff in the matter, and also to the inducement offered to vaccinators by the system of rewards, which are, as a rule, not granted unless a fair percentage of successful infant vaccination has been done. In municipal towns 83·40 per cent. of the available children were successfully vaccinated as compared with 87·29 per cent. in 1906-07.

Excluding 44,820 operations in the Patna and Sonepur States, for which particulars were not received, vaccination was conducted by the following methods—the figures in brackets are for the previous year—primary cases—calf lymph 93,049 (87,803), lanoline lymph 775,319 (696,415), arm-to-arm 979,753 (1,090,758), and the ratio of success was 99·01 (99·08), 98·59 (98·25) and 98·99 (99·13), respectively. In revaccinations the numbers of operations were—calf lymph 4,704 (5,718), lanoline lymph 107,697, (96,801), arm-to-arm 53,029 (59,778) with ratios of success of 74·70 (66·73), 64·77 (56·29) and 75·73 (77·75), respectively. At the animal vaccination depots at Calcutta and Darjeeling lanoline paste was manufactured, the average quantity being 278,340 and 67,801 grains, respectively. The outturn from the Calcutta depot has been increased to meet the demand owing to the abolition of arm-to-arm vaccination in the Presidency, Burdwan and Orissa Divisions. At the Darjeeling depot expansion is not possible, and it was proposed to open another depot at Ranchi to extend the vaccine supply to the Bihar and Chota Nagpur districts, and ultimately supplant the arm-to-arm process. The matter is in abeyance in view of the proposed introduction of a new and expeditious method of vaccine preparation. The vaccine supply at the Darjeeling depot failed during 1906-07 but was promptly re-established and measures have been taken to prevent a recurrence. Experiments conducted during the year by Captain Munro, I. M. S., with lanoline and glycerine vaccine, point to the superiority of the latter. As in past years the Darjeeling depot supplied vaccine to the Nepal Darbar and the Sikkim State: the quantities supplied during 1907-08 were 110 grains to the former and 770 grains to the latter, and the results were reported to have been satisfactory. The cost of the department was Rs. 2,03,667, but is not comparable with that in 1906-07, as the sum of Rs. 173,229 spent in that year excluded the Calcutta municipality and three Feudatory States for which no returns had been received. Each successful case cost one anna and eight pies against one anna and five pies the year before.

121. The fall of 20,356 vaccination operations in 1906-07 compared with 1905-06, was more than made good by an increase of 27,079 operations in 1907-08, when a total of 1,702,139 operations were performed. The primary cases, which numbered 1,562,231, were 9,255 fewer than in the previous year, but the revaccinations, which numbered 139,908, were 36,334 more, giving a net increase of 27,079. The percentage of success in primary work showed a slight improvement, 97·85

United Provinces.



compared with 97·72 the year before, but in revaccination the percentage of success was 83·92 to which it fell from 84·43. Compared with the preceding year's work, twenty-nine districts out of forty-nine showed an increase in the number of successful primary vaccinations, the largest rise occurring in Gonda (7,326 cases) followed by Jalaun, Agra, Hardoi, Basti and Sultanpur, in all of which there was an increase of over 3,000 cases. Of the districts showing a decrease Sitapur heads the list with a fall of 36,038 cases, the explanation being that the previous year's figures had been falsified to a great extent. Azamgarh showed a fall of 4,717, ascribed to the mistrust and fear of anti-plague inoculations, followed by Shahjahanpur, Meerut, Gorakhpur, Partabgarh and Lucknow in all of which the decreases exceeded 1,000 cases. Various causes are assigned for the decreases, such as the transfer of vaccinators, the presence of plague and sickness among the people. A fairly satisfactory amount of work was done at dispensaries, the details of which are included in the total figures for the province. The total operations numbered 1,442 against 261 in 1906-07, and 655 in 1905-06. The work done at dispensaries is comparatively little, as children are mostly vaccinated at their homes or at appointed vaccination stations.

On an estimated birth-rate of 40 per thousand, 49·94 per cent. as compared with 48·49 per cent. in 1906-07, of the infants available were successfully vaccinated. In towns the number of children under one year of age available for vaccination were less than the number operated upon; this, it is explained, is due to the fact that children born outside municipalities were brought in to be vaccinated, and that probably the ages of children are often incorrectly estimated by vaccinators.

Bovine vaccine depots were maintained at Lucknow and Patwa Dangar (Naini Tal), but as the depot at the latter is now in a position to fully meet the requirements of the provinces for vaccine, it is proposed to close that at the former. The Lucknow depot cost Rs. 1,532 which shows an increase in the cost of the two preceding years. The Patwa Dangar depot, which was started in 1904 for the purpose of supplying pure fortified calf vaccine, has done excellent work since its inauguration. The quantity of glycerinated vaccine issued has increased from 21,049 tubes in 1904-05 to 198,224 tubes in 1907-08, and of lanoline paste from 79 grammes to 161 grammes: in addition glycerine paste has been issued in the last two years. The income of the dépôt has increased steadily, from Rs. 106 in 1904-05, Rs. 2,057 in 1905-06, and Rs. 3,527 in 1906-07, to Rs. 6,118 in 1907-08. The expenditure however fell from Rs. 7,673 in 1905-06 to Rs. 6,717 in 1907-08. Besides supplies of vaccine being issued free to civil and military medical officers, supplies are made on payment to municipalities, the East Indian Railway, Native States and to private individuals and practitioners. The price charged for quantities of over 24 tubes, *viz.*, Rs. 3 per 100 tubes of cow-calf vaccine and Rs. 2-8 per 100 tubes of buffalo-calf vaccine, just covers the cost of production. It is estimated that the price of one anna charged per tube for quantities of 24 tubes and under is one-sixth that charged in Great Britain. For filling tubes the machine invented by Major Entrican was used and the Sanitary Commissioner records that it has revolutionised the laborious task of tube filling.

Weir's metal combined scarifier and lancets, forged entirely of solid steel and nickel-plated, had been introduced during the preceding year and were issued to



many districts: they are considered to be a great improvement on the old form of scarifier. It is hoped shortly to make arrangements that will permit of arm-to-arm vaccination being entirely done away with in the province.

The cost of the department amounted to Rs. 1,62,530 against Rs. 1,50,971 in 1906-07, the increase being due chiefly to the purchase from England of bacteriological instruments and apparatus for the Patwa Dangar depot, and also to there being two full-time Deputy Sanitary Commissioners for about eight months of the year. The average cost of each successful case was one anna and seven pies which is one pie more than in the two preceding years.

122. There was an improvement in the work of the vaccination department during 1907-08 compared with the preceding year, when, with an increase of 2,464 cases, the total operations numbered 707,683. This, however, does not make up for the fall of 43,520 cases in 1906-07 compared with 1905-06. The total primary cases numbered 582,455 or 25,454 fewer than in 1906-07, but revaccinations were 125,228 or 27,918 more than in the previous year, leaving a net increase of 2,464 cases. The decrease in primary work is attributed to the fewer births, and affected most of the districts, being chiefly marked in the case of Kangra where the fall amounted to over 8,000 cases; large decreases also occurred in Lahore, Hissar, Ambala, Jullundur, and Gurdaspur, ranging between over 7,000 and over 3,000 cases. On the other hand increases of nearly 7,500 occurred in Amritsar, of over 5,000 in Ferozepur and of over 3,000 in Gurgaon and Multan. Revaccinations increased in all but thirteen districts, the more noticeable increases being in the Multan district (16,000), Kangra and Hoshiarpur (5,000 each) and Delhi (4,000). Of the districts showing a fall the chief were Gujranwala (4,000) and Shahpur (3,000). The percentage of success in both classes of work was however not as good as in the previous year, *viz.*, primary cases 99·03 against 99·34 and revaccinations 75·91 against 78·12.

On an estimated birth-rate of 40 per thousand of the population, 56·51 per cent. of the children were successfully vaccinated, compared with 60·05 per cent. in 1906-07 and 62·54 in 1905-06. As regards towns, 77 per cent. of the children available were successfully operated upon in towns where the Vaccination Act is in force, and 62 per cent. in the other towns: the corresponding rates in 1906-07 had been 71·44 and 68·04 per cent., respectively. The extension of the Vaccination Act to certain towns to which it does not apply has been recommended.

The Punjab vaccine depot issued a total of 12,258 grammes of chloroformed glycerinated vaccine during 1907-08, the quantities issued in 1906-07 and 1905-06 having been 7,995 and 4,970 grammes, respectively. The waste that occurs by demands in excess of requirements will, it is expected, be checked by the supply of vaccine on payment in future. The case and insertion success of the vaccine was below the rate in the previous year, *viz.*, primary cases—case success 96·99 per cent. against 99·88 per cent., insertion success 95·03 per cent., against 98·72 per cent. In revaccinations the corresponding rates were, 76·31 against 81·0 and 75·01 against 80·16, respectively. Plans and estimates for rebuilding the Punjab Vaccine Institute at Lahore have been prepared and construction only awaits the allotment of funds.

The cost of the department increased from Rs. 99,605 in 1906-07 to Rs. 104,112 in 1907-08, and is said to be due to the larger salary drawn by the



Deputy Sanitary Commissioner and to an increase under "contingencies" which is more than accounted for by the larger out-put of vaccine from the Vaccine Institute. Each successful case cost two annas and seven pies or two pies more than in 1906-07.

In the large Native States, employing their own vaccinators, a total of 104,322 vaccinations were performed or 2,339 more than in the previous year, of which 80,743 were primary cases and 23,579 revaccinations. The former increased by 3,786 and the latter decreased by 1,447. The following are the results—the bracketted figures are those for 1906-07:—Patiala—primary cases 45,776 (45,174), revaccinations 22,455 (24,832); Bahawalpur—19,665 (15,277) and 322 (46); Kapurthala—3,796 (4,303) and 766 (97), Jhind—6,203 (7,116) all primary cases; Faridkot—3,720 (3,119) and 36 (40); Nabha—1,578 (1,968) and *nil* (11). The percentage of success ranged in primary cases from 99·21 to 90·19, and in revaccinations from 78·44 to 60·44.

123. For the second year in succession the total number of vaccination operations, *viz.*, 90,855 in 1907-08 shows a decline, though the fall of 1,038 cases in that year was not as large as that of 8,973 in the previous year. The falling off was most marked in the Hazara district and is attributed to illness and transfers among vaccinators and to the water poisoning scare in April, May and June of 1907. On the other hand three districts show a satisfactory increase in the number of persons vaccinated. Of the total, 76,349 were primary cases against 76,604 in the previous year and the percentage of success 99·22 as compared with 98·95. The revaccinations numbered 14,506 against 15,289, and the percentage of success was 88·18 as compared with 83·67. Though the amount of work was less, the quality was better. At the Mardan dispensary 170 primary operations were performed and all are reported to have succeeded. No work was done in the Wano and Khyber Agencies where the year before 1,174 and 107 operations, respectively, had been performed. This was due to the people appearing to prefer their own method of small-pox inoculation.

As regards Political Agencies, the Sherani Country, the Kurram and Tochi Valleys, there was a total of 5,361 vaccination operations compared with 6,080 in the previous year, and while the percentage of success in primary cases rose from 98·90 in 1906-07 to 99·17 in 1907-08, that in revaccinations fell from 96·45 to 90·87. No work was done in the Chitral Sub-Agency owing to delay in the receipt of sanction for the employment of vaccinators. In the Swat Valley 70 operations were performed which are not included in the returns owing to delay in their receipt.

On an estimated birth-rate of 40 per thousand, 57·04 per cent. compared with 56·13 per cent. in the previous year, of the infant population were protected. In towns a larger number of children were vaccinated than were calculated to be available: this is due to children from outside being brought in and vaccinated.

Fresh animal lymph was used with a percentage of success of 95·78 in primary cases and 87·03 in revaccinations which are higher rates than obtained in the two preceding years. Glycerinated chloroform vaccine was used in more than double the number of cases for which fresh animal lymph was employed, and succeeded at the rates of 95·58 and 78·85 per cent. in primary



cases and revaccinations, respectively. The vaccine was supplied by the Punjab Vaccine Institute and its use in place of animal lymph is considered to possess many advantages, one of which is that vaccination is more popular as the use of children and buffalo-calves as vaccinifers is the less necessary. In the Shirani Country and Political Agencies, human lymph is still used and little difficulty is experienced in obtaining human vaccinifers, but when practicable, efforts are to be made to induce the freer use of fresh animal lymph or glycerine vaccine.

The persuasion of three *Mullahs* of Hangu to learn to vaccinate referred to in the last report, was without any result and the matter has been dropped for the present.

The cost of the department increased from Rs. 11,217 in 1906-07 to Rs. 12,200 in 1907-08, and was generally due to unavoidable causes. Each successful case cost two annas and three pies which is one pie more than in the previous year.

124. The total number of vaccination operations, which had fallen from 14,935 in 1905-06 to 12,100 in 1906-07, rose to 14,575 in 1907-08. Of these 13,880 were primary cases compared with 11,973 the year before, and 14,510 in the year before that: revaccinations numbered 695 compared with 127 and 425, respectively, in the two preceding years. The percentage of success in primary cases was 97·94, or slightly higher than in the previous year when the rate was 97·87, and in revaccinations 67·19 which is much below the rates of 82·68 and 81·65, respectively, recorded in the two preceding years. No vaccinations were performed at dispensaries.

The cost of the department increased from Rs. 2,867 in 1906-07 to Rs. 3,034 in 1907-08, but the cost of each successful case fell from three annas and ten pies to three annas and five pies.

125. The total work of the department, including dispensary vaccination and the operations in the Feudatory States, fell to 599,247 from 617,381 in the previous year, resulting in a decrease of 18,134 cases. The prevalence of plague in many parts of the province impeded the work and in addition the distribution of the different grades of vaccinators proportionately to districts, in consequence of the transfer of the control of vaccination establishments to local bodies, dislocated the working of the staff. Of the total operations 524,599 were primary cases against 525,977 the year before, and 74,648 revaccinations against 91,404. The fall in revaccinations which had been steadily increasing, is directly attributed to the effects of scarcity in almost every district. The percentage of success in primary work was practically the same in 1907-08 as in 1906-07, *viz.*, 98·41 against 98·56, but in revaccinations the rate rose to 76·36 from 75·38. The ratio of success in revaccinations is, however, considered to be doubtful and the high rate probably the result of returns being falsified by vaccinators.

Excluding dispensaries and Feudatory States, the number of primary operations in districts numbered 444,773 against 442,481 in 1906-07. This increase, it is claimed, would have been greater had it not been for the hinderances already mentioned, as primary vaccination is growing in popularity except in remote



tracts. The larger increases occurred in Nagpur (4,867), Jubbulpore (4,643), Drug (4,319) and Wardha (4,065), and the larger decreases in Mandla, (4329), Chanda (2,855) and Buldana (2,531). The fall in districts is due to sickness among the people, etc., but in Mandla to vaccinators absenting themselves and falsifying their records. The revaccinations decreased from 81,051 in 1906-07 to 66,830 in 1907-08. All the districts except six show a fall: of these six, the largest increases occurred in Narsinghpur (1,602) and Nimar (706), while the largest decreases occurred in Bilaspur (3,152), Jubbulpore (3,000) and Hoshangabad (2,541). At dispensaries there were 20,964 primary cases and 3,060 revaccinations compared with 19,162 and 4,870, respectively, in the previous year, and the percentage of success in the two classes of work was 95.77 and 69.98, respectively, against ratio of 96.96 and 67.19 the year before.

In the Feudatory States the primary cases numbered 58,862 with 96.78 per cent. successful against 64,334 and 97.71 per cent. successful in 1906-07, and revaccinations 4,758 with 83.07 per cent. successful compared with 5,483 and 84.29, respectively, the figures of the previous year.

On an estimated birth-rate of 40 per thousand, 73.46 per cent. of the infants were protected compared with 73.61 in the previous year, while in the fifty towns in which the Vaccination Act is in force, 91.88 per cent. of the available children were successfully vaccinated against 81.93 per cent. in 1906-07 and 96.93 per cent. in 1905-06.

Glycerinated calf vaccine is now exclusively used except in the districts of Raipur and Drug where, in addition, vaccination direct from the calf, lanoline vaccine and the arm-to-arm process is practised, and in Yeotmal where fresh calf lymph is also employed. The ratio of success with glycerinated vaccine (93.0 per cent.) compares unfavourably with fresh calf lymph (95.19 per cent.) and the arm-to-arm process (97.33 per cent.), but is probably due to inexperience in preparation. Such results however cannot be avoided as owing to the abolition of the Amroati Paste depot, civil surgeons are obliged to prepare their supplies of vaccine in different parts of the districts in the absence of suitable buildings at head-quarters. This defect has been remedied in some districts and arrangements are being made to do so in the others.

The cost of the provincial department which had been Rs. 59,987 in 1906-07 rose to Rs. 62,925 in 1907-08, and is accounted for by compensation for dearness of food grains to the staff, transfers of vaccinators in consequence of the change in the conditions of service, and the erection of vaccine depots at some head-quarter towns. The cost of each successful case, however, was two annas as in the year before. In the Feudatory States the cost of the department was Rs. 5,005 against Rs. 5,276, and of each successful case one anna and three pies in both 1907-08 and 1906-07.

126. In the two years 1905-06 and 1906-07 the total number of vaccination operations showed a decrease in each compared with the year preceding: in the first a fall of 12,669 cases and in the second of 26,286 cases. During 1907-08, however, the total number of cases, excluding 811 secondary operations, amounted to 636,837 showing an increase of 7,653 compared with the preceding year. Very little of the lost ground has so far been made good. Of the total operations performed 596,663 (including 780 secondary cases) were

Bombay.



123. The increase of 86,610 cases in 1906-07 was further added to in 1907-08, when with an increase of 76,248 cases, the total vaccination operations in the Presidency numbered 1,627,848. This increase is generally attributed to the prevalence of small-pox and the direction to Deputy Inspectors of the affected areas to vaccinate unprotected persons. Of the total, 1,503,368 were primary cases which



show an increase of 65,444 on the number in the preceding year, and 124,480 revaccinations which show an increase of 10,804. The percentage of success in primary work was 95·61 compared with 93·41 in the preceding year, and in revaccinations the rate was 76·60 compared with 74·24. Large increases were shown in Vizagapatam (30,558), North Arcot (14,739), South Arcot (14,509), Madura (10,334), and smaller increases in others, while on the other hand certain districts show a decrease, the largest of these being Kistna (11,907), Godavari (4,365), Coimbatore (3,339), South Canara (2,266) and Anantapur (2,025). The causes of the decreases are said to have been the redistribution of ranges in two districts, the absence of vaccinators without substitutes in two others and the prevalence of cholera in another. In municipalities there was again a reduction in the number of operations performed, from 153,269 cases in 1906-07 to 150,906 cases in 1907-08, the largest fall occurring in Cocanada (3,773), followed by Calicut (1,493), Trichinopoly (1,257) and three others with decreases of less than 1,000 cases. The smaller amount of work is attributed to the prevalence of either plague or cholera and the absence of small-pox. The largest increase in municipalities was shown by Madura (2,424), the next highest being Vizianagram (609). The vaccination work at dispensaries showed a further fall from 248 to 158 cases, which were performed at three dispensaries. The reason for this is the local Government's orders of April 1905 removing the responsibility of vaccination from medical officers.

On an estimated birth rate of 40 per thousand, 36·98 per cent. of the infants were successfully vaccinated, against 31·92 per cent. in the previous year, and in municipalities 67·3 per cent., as compared with 65·7 per cent. in the previous year.

As was the case in the preceding year, by far the greatest number of vaccination operations were performed with lanoline vaccine, the percentage of success rising in Local Fund areas from 94·0 to 95·4 and in municipalities from 95·9 to 97·0. In calf to arm vaccination the percentage of success was 99·7 and with locally prepared glycerinated vaccine it was 99·5.

The cost of the department rose from Rs. 2,94,881 in 1906-07 to Rs. 2,99,200 in 1907-08 and the average cost of each successful case was three annas and three pies which is three pies less than in the preceding year.

129. The usual statistics of vaccination operations in the Army will be found in statement No. III of the appendices to this section.

Vaccination among troops.







## SECTION VIII.

### SANITARY WORKS.

130. The income of municipalities in Burma is not given in the provincial sanitary report, but it is stated that the average expenditure on sanitary works was 44·57 per cent. of income, made up as follows:—4·98 per cent. on water supply, 1·33 per cent. on drainage, 20·84 per cent. on conservancy and 17·42 per cent. on other sanitary works. From Town Funds 42·56 per cent. of income was devoted to sanitary purposes and 0·60 per cent. to water supply. As remarked by the provincial Sanitary Commissioner, the small expenditure on water supply, having regard to the annual recurrence of water-borne diseases, affords ground for misgiving.

In Rangoon the scheme for the distribution of pipe water throughout the “pucca” area has continued to progress: the improvement and extension of the “Shone and Ault” system of sewerage has also been continued. In Akyab the amended estimate for the gravitation water supply scheme amounting to Rs. 3,03,592, has been sanctioned and work is in progress. At Mandalay the water supply scheme has reached a stage at which choice lies between two projects, either the Sedaw Reservoir scheme to cost Rs. 23,16,587 or the Irrawaddy Intake scheme to cost Rs. 18,52,086; the matter however is now before the local Government. The Henzada conservancy scheme was sanctioned by Government and introduced during the year, while the improved conservancy scheme for Mandalay was temporarily suspended owing to the lack of funds.

Sanction has been accorded by the local Government to an expenditure of Rs. 6,000 for the erection of model sanitary works, close to the market at Insein, which will serve as object lessons to medical and municipal officers throughout the province. The Sanitary Commissioner considers this valuable project is capable of extension.

131. The Sanitary Board held two meetings during the year, at the first of which it approved the Henzada conservancy scheme already referred to, which is to cost Rs. 55,862, and at the second it considered the scheme for the Mandalay water supply: two of the four schemes considered by the Board have been placed before the local Government.

132. The income of the forty-four municipalities, two stations and four unions during the year 1906-07 amounted, including the opening balance, to Rs. 16,76,614. The expenditure on sanitation amounted to 41·98 per cent. of income, compared with 42·12 per cent. in the preceding year, which included—the figures in brackets are for the year 1905-06,—water supply Rs. 84,837 (Rs. 77,151); drainage Rs. 39,694 (Rs. 45,613); conservancy Rs. 4,01,002 (Rs. 3,63,172), markets and slaughter houses Rs. 15,828 (Rs. 23,423); construction of roads Rs. 2,50,931 (Rs. 2,14,407). The expenditure on water supply, conservancy



and roads was greater than in the previous year, while under the general head "other sanitary works" the expenditure of Rs. 7,920 in 1905-06 increased to Rs. 28,374 in 1906-07. Seven municipalities and two unions spent over 50 per cent. of their income on sanitation, and fifteen municipalities, two stations and one union spent between 40 and 50 per cent. Many of the municipalities have specific sanitary schemes either in progress or contemplated. Progress is however slow, the chief difficulty being the lack of funds. The appointment of a Sanitary Engineer has been sanctioned and this officer will be of great assistance in the preparation and supervision of sanitary projects.

At Dacca the schemes for the extension of the water supply and improvement of the surface drainage, still remain under consideration, but many minor improvements in the conservancy arrangements and to the drainage and roads are being carried out. The tramway line depots and trenching grounds of the new conservancy scheme were in progress and will, it is expected, soon be ready for use. At Narayanganj the water supply scheme has been practically completed and a surface drainage scheme, to be completed in three successive years, has been prepared. At Chittagong tests for an artesian water supply were undertaken which must be continued before the suitability of the scheme can be decided. At Dinajpur the scheme to canalise the Ghagra and Kachai streams is still under consideration, but will probably be taken in hand shortly. The Commissioners of English Bazar have drawn up a scheme of surface drainage for the main portion of the Bazar which is under the consideration of the local Government. At Rampur Boalia the difficulty of arriving at a satisfactory scheme for supplying drinking water to the town has not yet been overcome.

133. The newly appointed Sanitary Engineer joined the Board as a member. Only one regular meeting of the Board was held during the year, but a good deal of work was done by correspondence in connection with water supply and drainage schemes in municipalities and the improvement of water supplies in rural areas. As regards the last mentioned, Rs. 30,481, representing the one-third share of the cost granted by Government, was distributed to District and Local Boards during the year 1907-08, which shows an increase of Rs. 12,895 on the amount of the grant in the preceding year. Notwithstanding these grants the progress is said to be slow, and there is a feeling that the conditions under which they are given are not convenient for practical working.

The Board has under consideration a report by the Deputy Sanitary Commissioner on an examination of the unhealthy tracts of the Faridpur, Rangpur and Rajshahi districts, and also on an inquiry into the water supply of Kamrup which has a high cholera mortality as a constant feature. It is anticipated that special grants will be necessary to improve the present sanitary conditions in those areas.

134. The number of *mofussil* municipalities in Bengal during the year 1906-07 was the same as in the preceding year, *viz.*, 128. Their income, excluding the opening balance of Rs. 9,29,584, amounted to Rs. 52,62,176 against an income of Rs. 49,67,128 in 1905-06. Of the total sum available—the figures in brackets represent the expenditure during the preceding year—43·15 (38·63) per cent. was



spent on sanitary works (original and recurring), 7·24 (8·76) per cent. on roads, 5·04 (5·19) per cent. on public safety, and 27·59 (30·96) per cent. on all other requirements. On water supply Rs. 3,45,537 was spent, showing an increase of Rs. 97,488 on the expenditure during the previous year; on drainage Rs. 3,46,639 or Rs. 1,86,574 more; on conservancy Rs. 12,45,263 or Rs. 66,269 more, while the smaller sums spent on markets and slaughter houses and vaccination show decreases of Rs. 31,982 and Rs. 104, respectively. There were satisfactory increases under the important heads and the large increase under drainage is accounted for by the construction of drains in the Howrah municipality. The decrease under markets and slaughter houses is explained by the heavy expenditure under this head in Howrah, Chapra and Puri in the previous year.

The steady rise in the expenditure on conservancy shows that due attention is being paid to this important matter, but it is urged that no material benefit is likely to accrue unless a suitable staff is employed to keep the system in good order. Night soil is now properly trenched, and as a rule trenching grounds are cultivated, in many cases at a profit. The examination of several samples of septic tank effluents showed that they were often of inferior quality and the Deputy Sanitary Commissioner, Bengal and Orissa Circle, was deputed to inspect some of the installations and suggest remedial measures. As neither the Sanitary Commissioner nor the Deputy Sanitary Commissioner can, under present arrangements, regularly inspect the septic tank latrines in the various mills, the appointment of an inspecting officer for this work has been recommended and is under the consideration of the local Government. The Patna system of improving village sanitation was tried in six districts only: in Patna 5,333 villages were cleansed on a systematic plan, 51 in Midnapore and 37 in Monghyr and smaller numbers in the others.

Almost all important towns are now busy in preparing comprehensive drainage schemes, but two municipalities, Suri and Bihar, are unable to proceed for want of funds. As to water supplies, apart from water works, several municipalities have effected improvements by excavating new wells and tanks or by re-excavating or repairing existing ones.

135. The Board held two meetings during the year at which the principal subjects of discussion were the Puri and Chapra drainage schemes, and the supervision of the preparation of the municipal drainage schemes in the Presidency Division; a good deal of consultation work was also carried on by the circulation of papers.

The two following were the more important of the preliminary estimates prepared during the year.

*Burdwan water works.*—Scarcity of water was threatened as the Banka which supplies the town was being insufficiently fed from the Damoodar. The Sanitary Engineer inspected the locality and found a site whence water could be pumped direct from the Damoodar.

*Water supply to the Akra Brick Factory.*—On the invitation of the Superintending Engineer, Central Circle, the Sanitary Engineer formulated a



scheme for the excavation of a tank to be filled from the river by pumping the water to be discharged into the tank at one end, and from the other the clear water lifted into a masonry sand filter. The filtered water is to be drawn from taps fixed to the wall of the clear water reservoir.

Detailed estimates were prepared for the following:—

*Puri water works.*—The rough project to cost Rs. 2,40,500 prepared by the Sanitary Engineer in 1904, was held over as the Municipal Commissioners undertook to carry out the drainage scheme first. The water works scheme was considered and approved by the Commissioners in March 1907 and the Sanitary Engineer was directed by Government to proceed with the preparation of details.

*Bhagalpur water works remodelling.*—Detailed plans and estimates amounting to Rs. 11,320 for a fifth filter were sent to the Chairman of the municipality.

*Gaya water works.*—A rough project had been prepared during the previous year, estimated to cost Rs. 6,30,000. Although orders were received from the local Government to proceed with the preparation of details, these could not be completed during the year as particulars of borings at the site of the pumping station were delayed.

*Drainage schemes.*—The preparation of drainage schemes for Burdwan, Bankura, Arrah and Bettiah were completed, and good progress made in those for the municipalities of Monghyr, Kalna, Murshidabad, Jessore, Garden Reach and Bhatpara. The preparation of the scheme for Kissengunge was entrusted to the Executive Engineer, Bhagalpur Division.

On the recommendation of the Board, Government has sanctioned the appointment of four surveyors temporarily for five years from February 1907, and two more from October 1907, to draw up schemes of surface drainage for municipalities.

Among others, the following schemes were considered:—

*Hooghly-Chinsurah drainage scheme, Shahagunge-Bally section.*—Estimated to cost Rs. 1,71,466. The scheme was approved and submitted to Government for sanction.

*Nawi and Sunthi rivers drainage project.*—The scheme is for opening out the rivers in the Barasat sub-division of the 24 Parganas district, the tract of country to be benefited covering 70 square miles. The estimate prepared by the Public Works Department amounts to Rs. 4,67,145 or, including cost of maintenance, Rs. 5,92,145. The Board considered that there is reasonable expectation that there will be an improvement in the health of the people, if the scheme results in carrying off all the water it is designed to carry. The scheme has been taken up under the Bengal Drainage Act.

*Puri drainage scheme.*—This scheme estimated to cost Rs. 2,29,836 was sanctioned by Government who made a grant-in-aid of Rs. 75,000 towards the work which was taken in hand at the close of the year.

*Howrah drainage scheme—South Foreshore Section.*—The scheme costing about Rs. 1,17,841, received the sanction of Government and considerable progress was made in the construction of the drains in Blocks IV and VII.



*Monghyr water works.*—The scheme to cost Rs. 3,46,715, excluding the charge for unfiltered water pumping arrangements, was approved by the Board and submitted to Government for sanction.

*Howrah water works.*—This scheme for improving and extending the distribution system was examined by the Board and sanctioned by Government.

136. Good progress in municipal sanitation continues in the province, which is evidenced by the fact that during the year the Sanitary Board dealt with projects and estimates amounting to Rs. 43,90,316 for improving the sanitary condition of various municipalities. This represents the highest amount yet dealt with in any year. Of the total income an average of 50 per cent. was spent on conservancy, plague, water supply, and drainage (including the capital outlay). The sum spent on water supply alone was Rs. 9,71,108 compared with Rs. 6,52,270 in the preceding year, which was incurred chiefly by the eight large towns. These towns however spent less on drainage, reducing the total expenditure on this head to Rs. 8,57,989, from the sum of Rs. 10,97,209 the year before. The resources of municipalities have been much augmented by the relief from all police charges and all direct expenditure on plague. Loans are liberally granted and special grants are made when they are most needed, so that funds are now available for expenditure on sanitation.

The water supply works at Agra, Allahabad, Benares, Cawnpore, Lucknow, Meerut, Mussoorie and Naini Tal all worked satisfactorily throughout the year: extensions were carried out and the number of house connections rose. At the instance of the Sanitary Engineer, the necessity for adding to the pumping plant at Cawnpore, in order to provide a reserve, is under consideration. The consumption of water is increasing, and while in some cases it is due to the growth of population and legitimate expansion, in others it is considered to be due to greater wasteful expenditure.

At Agra owing, it is said, to the want of funds, only 1,362 feet of drains were made during the year. At Allahabad 26,700 square feet of lanes were paved with stones and 6,614 feet of drains were laid. At Benares 3,669 feet of drains left unfinished in the previous year were completed, and about 2,590 L. feet of small stoneware pipe branch sewers were laid. The Mussoorie hydro-electric scheme for extending the water works and electric lighting to the station was under construction, a sum of over 4½ lakhs of rupees being spent during the year.

The drainage works in Deoband and Nagina were completed and those at Hathras were in progress. Projects for the drainage of Saharanpur, Muttra, Jaunpur, Budaun, Ujhani, Moradabad and Khurja were completed, but most of them are being revised or recast. Drainage schemes for five other places have been completed but not yet submitted, and surveys are being made in connection with the preparation of projects for seven other places.

137. The Board held seven meetings during the year at which, as already stated, the members considered, criticised and approved projects and estimates amounting to the largest sum yet dealt with in any one year. The Board noticed with regret the large falling off in the expenditure on village sanitation, which in the year preceding had increased to the highest on record.



The question of the construction of an intercepting sewer in connection with the Lucknow drainage scheme was considered and it was decided to defer the matter for the present. In the meantime, at the instance of the Board, a sum of Rs. 20,000 was sanctioned by Government for the purchase of plant for the continuance of the Sanitary Engineer's purification experiments, which latterly have been encouraging. The Board resolved that no standard scale of cost for drainage projects in towns was possible, as the general and physical condition of towns varied greatly in almost all respects, which precludes the adoption of a common basis of estimation.

138. No information is contained in the provincial Sanitary report as to the income of the municipal towns of the province and the expenditure on sanitation therein. The Punjab. The annual review of the municipal reports and returns for 1906-07, however, shows that of a total income of Rs. 58,71,526, excluding the opening balance, against Rs. 54,04,112 in the previous year, the sum of Rs. 28,25,577 was spent on public health and convenience, or Rs. 53,448 less than during 1905-06. Of the sum of 28½ lakhs, the largest expenditure was on conservancy (Rs. 6,42,229); hospitals and dispensaries (Rs. 5,12,228); drainage (Rs. 4,30,367); and water supply (Rs. 4,64,602). At Lahore an estimate of Rs. 78,000 was sanctioned for the construction of twelve new wells in extension of the existing system of trench wells at the head-works of the city water supply and the work is in hand. A project for improving the storm drainage outfall from the civil lines at an estimated cost of Rs. 19,715 has been sanctioned, and execution awaits the provision of funds by the Municipal Committee. The city conservancy tramway was completed and brought into use during the year. The Ludhiana water works scheme estimated to cost Rs. 4,30,468 made excellent progress under the direct superintendence of the Sanitary Engineer. At Amritsar sanction has been applied for to an estimate of Rs. 80,000 for disposal works at the termination of the city outfall drain. The intramural drainage works were in hand but progress was retarded owing to a temporary breakdown of the arrangements for brick making. At Delhi the necessity for an estimated expenditure of Rs. 1,93,000 for the further extension of the head-works of the water supply was represented to the Committee. The intramural drainage works made good progress and are approaching completion. At Gujrat the extramural drainage works and disposal works were completed, and an estimate amounting to Rs. 28,000 has been prepared for the intramural drainage of the city. Similarly in Rawalpindi the extramural drainage works were completed at a cost of Rs. 1,38,967, and an estimate for intramural drainage was in hand.

The Sanitary Engineer regrets being unable to report any improvement in the matter of the maintenance of completed drainage works, and notes that with few exceptions, the outfall drains and disposal works inspected were not well maintained. It is mentioned that the open system of drainage has been adopted generally in the Punjab and is suitable for the conditions that obtain. Regular and systematic flushing and cleaning are however essential to successful working, and unless municipal bodies make some special effort to reorganize the scavenging and flushing establishments, the drainage schemes will be of doubtful benefit. With regard to sanitation generally, the Sanitary Engineer is of the opinion that further substantial progress cannot be expected till it is recognized that the smaller municipalities cannot afford to construct water supply and drainage



works for themselves, and that if such are to be constructed, a liberal sum from provincial revenues must be set aside for the purpose.

The income from sullage disposal was generally satisfactory; decreases occurred in a few places and were due to local circumstances. The income from the sale of manure fell somewhat short of that realized in the previous year, *viz.*, Rs. 1,58,973 against Rs. 1,59,847.

Of the rewards offered by District Boards for sanitary improvements in villages, none were earned owing to lack of interest in sanitary matters.

139. The Board held four meetings during the year. Out of the grant of Rs. 30,000 sanctioned for grants-in-aid to municipalities, a sum of Rs. 10,800 was allotted to Gurdaspur, Sialkot City, Karnal, Ambala, and Ladwa. The balance of Rs. 19,200 was withdrawn owing to the unfavourable agricultural conditions prevailing in the province. Out of the grant of Rs. 2,500 for experiments in connection with sanitation, Rs. 1,000 was withdrawn, and of the balance Rs. 404 only was spent on testing the strength of stoneware pipes and their joints under water pressure and on the purchase of a pump for trial.

The Board approved of the manner in which the sum of Rs. 26,000, sanctioned for sanitary improvements in villages in the Chenab Canal colonies, had been utilized.

140. No sanitary work of importance was undertaken during the year in this province. In the Hazara district the construction and repair of drains, the paving of streets, etc., was carried out: in Dera Ismail Khan, the municipality spent over Rs. 3,000 in improving drainage and sewerage, and in Peshawar the municipality spent over a quarter of a lakh of rupees in improving the water supply, cleaning and repairing wells, etc. It is noteworthy that the Abbottabad municipality, to improve their sanitation generally, spent Rs. 18,207 on sanitary charges out of a total income of Rs. 31,523.

The income from the sale of manure in Peshawar showed a great falling off from what was derived from this source two years ago, and in Dera Ismail Khan the Administrative Medical Officer considers the income under this head might be considerably increased.

141. The income of district head-quarters municipalities during 1906-07, excluding the opening balance and receipts under special heads, amounted to Rs. 13,50,593 showing an increase of Rs. 53,937 on the income of the preceding year. Of the total, 42.72 per cent. was expended on sanitary works (original and recurring) such as water supply, drainage, conservancy, etc., 5.21 per cent. on medical relief, 4.54 per cent. on plague and 0.17 on vaccination, which shews an increase under all heads, except vaccination, on which the expenditure was the same in both years.

In Jubbulpore an important project in connection with the improvement and extension of the water supply at an estimated cost of Rs. 3,23,258 was taken in hand and good progress made during the year. The drainage scheme for the Yeotmal municipality is said to be still under consideration. In most of the districts minor works connected with water supply, drainage, etc., were carried out by municipalities.



142. The Board met at the head-quarters of all districts except Betul, Chhindwara, Drug and Buldana. The work done under its direction consisted, as usual, of the construction of new wells, the improvement of existing ones, the repair of roads, drainage, clearing of village sites, etc.

The reconstitution of the Board on more practical lines is now under the consideration of the Chief Commissioner.

The recommendation to appoint a Sanitary Engineer for the province could not be carried into effect as no officer was available. It was however suggested that pending the services of a suitable officer being available, it might be possible to have projects for drainage and other sanitary works required in the province, drawn up by an expert and criticised and passed by an experienced Sanitary Engineer.

143. The income of the 161 municipalities in the *mofussil* during the year ending 31st March 1907, amounted to Rs. 71,32,477, of which Rs. 19,47,918 or 27·3 per cent. was spent on improving water supply, drainage and conservancy within municipal limits. There were 25 District Local Boards and 211 Taluka Local Boards, the joint income of which amounted during the year to Rs. 63,58,510, and of this sum Rs. 3,07,779 or 4·8 per cent. was spent on water supply and drainage. Compared with the preceding year income has increased in both cases, but the expenditure on sanitary works has been lower.

144. The Board held two meetings and among other matters considered proposals for the improvement of the water supply of Pandharpur, and the question of the establishment required for the preparation of projects or estimates for sanitary works for municipalities.

During the year considerable progress was made in the extension of the Shone system of drainage at Karachi. The Pandharpur drainage scheme to cost Rs. 2,00,659 was sanctioned and work put in hand by municipal agency.

Several projects for sanitary works have received attention during the year, among them being the Dharwar water supply scheme, estimated to cost Rs. 3,19,497 ; Hubli water supply improvements Rs. 98,000, and extensions and improvements, including provision for filtering the water, Rs. 3,20,000 ; improvement of the Ahmednagar water supply, Rs. 3,00,000 in the first stage, and Rs. 6,50,000 when completed ; improvement of the Hyderabad (Sind) water supply, Rs. 4,00,000 on the whole or Rs. 2,50,000 for urgent works only ; and improvement of the Pandharpur water supply, Rs. 5,17,651. The last mentioned is a specially important work on account of the large numbers of pilgrims visiting the town and making the question of a good water supply there a matter of provincial importance.

In connection with the execution of sanitary works the local Government has announced the grant of liberal aid to municipalities and local boards.

145. No reference is made in the provincial report of the income of municipalities or of the expenditure by them on sanitation, but from the General Municipal Review of the Presidency during 1906-07, it appears that, excluding the opening balance of Rs. 11,53,803, the total income of district municipalities was



Rs. 39,04,647, against Rs. 38,34,977 in the previous year. The expenditure on drainage was Rs. 67,147 against Rs. 60,229, and excludes the expenditure of Rs. 1,58,258 on the Ootacamund drainage scheme which was charged to provincial funds. Under water supply the expenditure was Rs. 1,09,998 spent on new works and Rs. 1,84,096 on establishment, maintenance and repairs, against Rs. 1,42,527 and Rs. 1,67,187, respectively, the year before. On conservancy, roads and plague Rs. 9,37,904 was spent against Rs. 8,91,794 in 1905-06. Of District Boards it is stated that a sum of Rs. 8,25,374 was allotted for sanitation charges. Of this amount 39·7 per cent. was set apart for conservancy and 19·4 per cent. for the improvement of water supply. The total expenditure on sanitation amounted to 50·5 per cent. of the allotment. The result as the provincial Sanitary Commissioner expresses it "savours of considerable apathy" on the part of the Boards, some of which failed to spend even 50 per cent. of the assignment for sanitary works. In regard to municipalities which evidence a desire to accept advice and carry out reforms, the paucity of funds is a drawback, a result of which is that petty works only are possible except where Government has subsidized municipal funds with grants for water supply and drainage schemes.

During 1907 the following schemes were to be investigated, *viz.*, drainage of Mangalore and Negapatam, water supply of Anantapur, Vaniyambadi, Rajahmundry, Mangalore and Palamcottah, and extension of the water supply of Gudiyattam. Of the 1906 programme, schemes for the drainage of Srirangam and Trichinopoly and the water supply of Masulipatam were reported on, while the Bezwada water supply scheme was revised and submitted.

During the year the water works of Vellore, costing Rs. 3,77,520, Nellore, costing Rs. 1,77,200 and Gudiyattam costing Rs. 59,000, were completed. The Saidapet water works scheme was held in abeyance pending orders as to the exclusion of the site of the head works from cantonment limits. The improvement of the Guntur water works was completed, and improvements to the Cocanada and Cuddapah water works were in hand. The Ootacamund drainage works were adversely affected by almost continuous rain from April to August 1907, but during the last five months of the year the time lost was more than made up and it is expected that the principal parts of the works will have been completed by June 1908. The scheme so far has answered expectations and the improvement in the sanitation of the bazar is said to be very evident.

Sewage farming has not been attended with the expected financial success, due more to defective methods and bad management than to absence of manurial value in sewage. The cultivation of land trenched with night soil made little or no progress, which is attributed in most municipalities to their neglect to take advantage of a means of increasing their income.

146. The Board is not vested with any powers of control, but examines sanitary schemes submitted for approval

Sanitary Board.

and advises as to their suitability and sufficiency from a sanitary point of view. Much of the work consists of the examination of water supply and drainage schemes for towns. The estimated cost of the schemes dealt with by the Board in 1907 was Rs. 8,23,411. Of these twenty-five works, estimated to cost Rs. 6,93,025, were for municipalities and fifty, estimated to cost Rs. 1,30,386, were for Local Fund Boards. All works estimated to cost over Rs. 1,000 require the approval of the Board.



During the year five works of the estimated cost of Rs. 14,220 were deferred by local bodies, principally for lack of funds and twenty-five works of the estimated cost of Rs. 48,003 were approved for execution as famine relief works.

147. During the year 1907-08 the expenditure on ordinary military works was Rs. 83,26,534 against Rs. 80,30,768 during the year preceding ; on reorganization Rs. 46,82,296 against Rs. 38,35,443 ; and under special demands Rs. 14,71,934 against Rs. 19,38,572.

Details regarding new works and improvements in some of the more unhealthy cantonments, will be found in the statements appended to Tables V and XXX at the end of the volume.



## SECTION IX.

### GENERAL REMARKS.

148. During the pilgrim season 1906-07 the Government of India orders, detailed in paragraph 175 of this report for 1905, were in operation. Briefly the orders are, that Bombay shall be the only port of embarkation, that all vessels shall be cleaned and freed from rats, that all pilgrims shall be medically examined and their clothes and baggage disinfected, and that all vessels shall be again medically examined both at Aden and at Perim: in the event of plague making its appearance, the persons attacked shall be landed at Perim and placed in a plague camp. The orders affecting the port of Bombay were duly carried out, the disinfection of vessels being done by a Clayton apparatus, and when one was not available, by burning sulphur in the holds in large iron receptacles at the rate of 3 lbs. per 1,000 cubic feet of space.

The number of pilgrims who left for the Haj during the year was the largest on record, the increase being probably due to the abolition of the segregation camp at Bombay, to which cause the British Vice-Consul at Jeddah adds the circulation of reports of the comparative safety of the roads in Hejaz, and lower passage rates in consequence of rivalry between the shipping companies. The report of the Port Health Officer, Bombay, records the departure between the 19th September and 30th December 1906 of thirty-five ships carrying 27,205 pilgrims, and that of the Protector of Pilgrims, Bombay, of only thirty-four ships with 27,140 pilgrims: the ship "Islami" which sailed on the 19th September 1906 has been omitted in the Protector's report. On the other hand the Vice-Consul mentions in the Haj report the arrival from Bombay of thirty-nine ships with a total of 26,521 pilgrims. The Vice-Consul however takes account of ships which sailed before and after the dates mentioned by the Bombay authorities, and further, distinguishes between Indian pilgrims and those of other nationalities on the same ship, a distinction not made in the Bombay reports. As no report has been furnished from Kamaran it is not possible to make any mention of the health of the pilgrims on the voyage and during the period of detention at Kamaran. The Vice-Consul, referring to the recommendation to reduce the period of detention to five days, states that it has not been carried into effect.

Plague appeared in Jeddah in June 1906; it was quickly stamped out, but reappeared in January 1907. About 400 Indian pilgrims are reported to have died at Jeddah after the Haj: the causes of death are not stated but the mortality is attributed generally to poverty. It appears that half, or even more, of the Indian pilgrims were not provided with sufficient funds and a large number in destitute circumstances remain at Jeddah: the Vice-Consul hazards the conjecture that about 3,000 have remained in the country, this being due in many cases to want of funds to pay for the return journey, the cure for which is an order that all pilgrims shall procure a return ticket before embarkation at Bombay.

It is reported that funds have been provided to improve the water supply at Jeddah and Yembo, but nothing is known as to when the scheme is to be carried into effect.



The pilgrims who returned to Bombay in thirty-three ships between the 15th February and 2nd August 1907, numbered 24,293. Some deaths occurred at sea on every ship, amounting to a total of 412, the principal causes of which were old age, general debility, starvation, pneumonia, dysentery and diarrhoea. In six ships cases of infectious disease occurred during the voyage from Jeddah to Bombay; two were cases of plague, five of small-pox, four of chicken-pox, and one of leprosy. Of these the two cases of plague and one of chicken-pox were landed at Aden, the remaining patients being landed at Bombay and sent to hospital for treatment. Of pilgrims on small-pox infected ships fifty-four were vaccinated, the remainder refusing to accept the operation. The clothing and bedding of 4,180 pilgrims among whom plague and small-pox appeared were disinfected, after which the pilgrims were made over to the Protector of Pilgrims for despatch to their homes.

149. At the *Central Research Institute*, Kasauli, the preparation of anti-venene and curative sera was continued and routine bacteriological work in connection with the examination of specimens sent for diagnosis was carried out. During the year 1,728 bottles of antivenene, 1,180 bottles of anti-diphtheritic serum and 400 doses of anti-typhoid vaccine were issued. Anti-tetanus serum is imported from Europe, 532 doses being issued during the year. The routine bacteriological work included the examination for diagnostic purposes of 362 specimens. As regards original research the staff was engaged mainly in carrying on the enquiry regarding the etiology and mode of spread of enteric fever in India, which had been begun in March 1906. The first report on this investigation (which has already been noticed in Section II) has been published as No. 32 of the Scientific Memoirs by Officers of the Medical and Sanitary Departments of the Government of India. Other investigations connected with problems of immunity and of vaccine therapy were in progress at the end of the year, and the investigation of the etiology and mode of spread of dysentery on the lines that proved so successful in the enquiry on enteric fever has been begun.

Since June 1905 the *Bombay Bacteriological Laboratory* has been used (1) as the place where anti-plague vaccine for the whole of India is prepared and issued, (2) as the chief laboratory for plague research in India, and (3) as the provincial bacteriological laboratory for the Bombay Presidency. During 1907 as regards the routine work connected with plague, 620,923 doses of anti-plague vaccine were despatched from the laboratory to places in and beyond India, as compared with 176,651 doses in 1906. The increase was doubtless due chiefly to the unusual prevalence of plague, but it may be hoped that to some extent it indicates greater confidence on the part of the people in this method of prevention. The annual report of the laboratory contains, as usual, a number of examples showing the favourable results of inoculation. As regards research work the members of the Plague Research Commission continued to use the laboratory for their investigations throughout the year. A full summary of the chief results obtained by the Commission was included in Section VI of this report last year. During 1907 a considerable amount of work was done in connection with different plague vaccines, with different disinfectants which can be used for killing fleas and with various poisons and other methods for destroying rats. The experiments with methods for rat destruction included trials of the Danys'z virus and of "Ratin" as well as attempts to kill rats by the use of the Clayton gas apparatus.



The results of the last method showed that rats when confined in cages in an open room, can be readily killed by Clayton gas, but that if they are allowed to move about freely in the room some may escape before the gas becomes sufficiently concentrated to overpower them. Moreover, when the rats are afforded shelter in burrows they may not be killed by the gas. The experiments showed also that it is difficult to kill fleas by means of the apparatus, especially when the fleas are on earth floors. The routine work in connection with plague included the examination for the Health Officer of Bombay of 107,895 rats of which 15,374 were found to be infected with plague. As regards educational work, two booklets, one describing the preparation and use of the anti-plague vaccine, the other containing a popular account of the cause and prevention of plague as revealed by the most recent work on the subject, were widely distributed, and a number of medical practitioners attended a course of instruction in the best method of carrying out the operation of plague inoculation. The routine work of the laboratory as the provincial laboratory for the Bombay Presidency included the examination of over 700 specimens of blood, sputum, urine, and tissues for the diagnosis of typhoid and allied fevers, Malta fever, malaria, relapsing fever, plague, tuberculosis, diphtheria, cancer and rabies. A course of sixteen lectures with practical instruction and work was given to Hospital Assistants, the course lasting six weeks. Bacteriological equipment is supplied from the laboratory to medical officers in the Presidency and sera and vaccines are stocked for issue to those who require them.

The routine work in the Bacteriological Section of the *King Institute of Preventive Medicine, Madras*, included the examination of 1,893 specimens received from medical officers, sanitary authorities, plague officials and others. The specimens were for the diagnosis of plague, malaria, typhoid and allied fevers, Malta fever, relapsing fever, diphtheria, cholera, filariasis, gonorrhæa, infection with intestinal worms, tuberculosis, leprosy, cancer and rabies. In addition 172 were samples of water for chemical and bacteriological examination and eight were specimens of biting flies. As regards research work the value of "pesterine" and other substances for the destruction of fleas was investigated and further important work in protozoology was done. The educational work of the Institute includes, in addition to a course of instruction in minor Sanitary engineering given by the Assistant Sanitary Engineer, a course dealing with the preparation and preservation of vaccine lymph, human and animal vaccination, and demonstrations of diseases in men and animals. During the year ending 31st March 1907, thirty-seven students and six Assistant Surgeons attended this course, which until lately was intended only for Sanitary Inspectors, Vaccinators and Plague Inspectors.

At the *Pasteur Institute, Kasauli*, the steady increase of work was more than maintained during 1907, the largest number of patients in any one year since the establishment of the Institute having been afforded anti-rabic treatment. Of the total of 1,349 persons treated, compared with 1,147 persons during 1906, 433 were Europeans and 196 natives, showing increases of 83 and 119, respectively, compared with the preceding year. Of the European patients, 181 came from the British Army, 66 were British officers, officers' wives and children and 186 civilians; and of the natives, 85 were members of the Native Army and 831 native civilians. Patients came from practically every province and from the Native States of Rajputana and Kashmir; two patients came from



Ceylon, one a European and the other a native. By far the majority of cases were of dog bites, *viz.*, 1,174, but there were no less than 123 cases of jackal bites and small numbers from the bites of other animals, *e. g.*, wolves, cats, horses, etc. There were only six cases of failure to secure immunization, the percentage to total cases being 0.44 which is less than in any previous year.

In addition to anti-rabic treatment and the examination of 302 specimens of the brain or spinal cord of animals suspected of having died of rabies, the Institute as the provincial bacteriological laboratory for the Punjab, undertook the examination of 675 specimens of which 457 were for the serum diagnosis of Enteric and Malta fevers. The fall from 969 in 1906 to 675 in 1907 in the number of specimens sent for examination, is accounted for by the orders issued in the summer of 1907 by the military medical authorities to send all specimens, other than those connected with rabies, to Brigade or Divisional laboratories and not to the Institute as heretofore.

In April 1908, a pamphlet entitled " Rabies and Anti-Rabic treatment in India," by Major G. Lamb, I. M. S., Director of the Institute, was forwarded to local Governments and Administrations with the suggestion that copies might be circulated as widely as possible among all classes of the people, and that the pamphlet, or portions of it, might also be translated into the vernaculars and distributed.

*Pasteur Institute of Southern India, Coonoor.*—The Institute was open for the reception of patients on the 1st of April 1907, but none arrived till the 6th of the month. Between the opening date and the 29th February 1908, a total of 186 patients were treated, of whom four did not complete the full course, one died on the seventh day of treatment and eight remained under treatment. There was no failure; the one patient who died on the seventh day of treatment came twenty-nine days after having been bitten by a mad jackal and developed hydrophobia before he could be immunised: this case was not therefore reckoned a failure. By classes the 186 patients comprised Europeans 33, Eurasians 28 and natives 125. The British Army furnished nine patients and the Native Army six. The great majority of the patients came from Southern India, but there was one from Bengal, one from the Federated Malay States and nineteen from Ceylon. Thirty-seven specimens of material from animals supposed to be rabid were received for examination, but of these three were so badly preserved as to be useless. Besides this much attention was devoted to investigations connected with the diagnosis, treatment and causation of rabies.

150. In paragraph 178 of this report for 1904, the orders of the Government of India on the scheme for establishing bacteriological laboratories in India were reproduced. In furtherance of the scheme, the Right Hon'ble the Secretary of State for India, towards the close of 1907, sanctioned proposals for placing the various existing appointments connected with the bacteriological laboratories in the country on a definite footing and for the creation of certain additional appointments. The department comprises twelve appointments which are distributed between the Central Research Institute at Kasauli; the Bombay Bacteriological Laboratory at Parel, Bombay; the King Institute of Preventive Medicine at Guidny, Madras; the Pasteur Institute at Kasauli; and the



Southern India Pasteur Institute at Coonoor, Madras Presidency. The officer in charge of each of these institutions is designated Director, and the other officers attached to them are to be known as Assistants to the Director.

151. *Plague*.—The special investigations on plague which were begun in April 1905 under the direction of an Advisory Committee representing the India Office, the Royal Society and the Lister Institute, are being carried on continuously. Major G. Lamb, I.M.S., is now a member of the Advisory Committee and Captain W. G. Liston, I. M. S., of whose work in connection with the mode of spread of plague it is impossible to overestimate the importance, is now the senior member of the working Commission in India. The other officers at present engaged on the enquiries are Captains T. H. Gloster, J. C. G. Kunhardt and F. N. White, I. M. S.

The reports of the investigations are being published in special numbers of the *Journal of Hygiene*, and last year a comprehensive summary of the work done and the results achieved was written by Major Lamb. This summary has been published as a pamphlet entitled, *The Etiology and Epidemiology of Plague*, and copies have been widely circulated. In a future edition the further work of the Commission will be included.

*Enteric fever*.—The first report of the results obtained in the investigation of the etiology and mode of spread of enteric fever in India, carried out at the Central Research Institute, was published in February 1908 as No. 32 of the new series of the Scientific Memoirs. The chief results obtained have already been summarized in Section II of the present report.

*Dysentery*.—The deputation of Captain W. C. H. Forster, I.M.S., for the investigation of the causation, prevention and treatment of dysentery in the prisons and lunatic asylums of India terminated in July 1908. A separate investigation has been begun by the Director and staff of the Central Research Institute.

*Malaria and Blackwater fever*.—The enquiry referred to in the last issue of this report, regarding the causes of sickness and death in the Duars, which includes as one of its most important problems the cause and prevention of blackwater fever, has been carried on continuously since July 1907, and the first report to the Advisory Committee which, under the orders of the Government of India, has the conduction of the enquiry, is about to be published. This report deals entirely with blackwater fever and has been written by Captain S. R. Christophers, I.M.S., and Dr. Bentley who have been jointly engaged upon the subject since December 1907. The report is long and it would not be fair to the officers who have laboured with so much zeal at the work, to attempt to summarize in a few words the main features of the investigation; the whole of the report should be read carefully by all who desire a right understanding of the cause and mode of prevention of the disease. The conclusions reached by the authors, though highly important, are by no means startling, and among those whose knowledge of blackwater fever has been attained not by investigation in the places where it occurs, there will doubtless be some who will still cling fondly to the notion that the disease is due to a special and as yet undiscovered parasite. In the report there are a few remarks stating the results already obtained in the prevention of blackwater fever in the Duars. These should serve to convince all impartial persons that the conclusion as to the cause of the disease arrived at by the authors is correct.



It has been decided that the second report to the Committee shall deal with malaria as a cause of sickness and death in the Duars. Upon this subject a number of new and highly interesting observations have been made.

*Lathyrism.*—With a view to determine the nature and cause of this disease arrangements were made for the supply from the Central Provinces to the Director of the Central Research Institute, Kasauli, of a quantity of the grain "Teora," (*Lathyrus sativus*). Experiments connected with the investigation were commenced in May 1908 and are in progress.

*Jail Dietaries.*—In January 1908 Captain D. McCay, I.M.S., Professor of Physiology in the Medical College, Calcutta, was entrusted, in addition to his other duties, with a preliminary investigation regarding the suitability of the Jail dietaries in Bengal. Captain McCay has been afforded the necessary assistance and facilities for his enquiry which is still progressing.

152. Mr. W. M. Haffkine, C.I.E., returned to India in the beginning of 1908, and is engaged on scientific research at the laboratory attached to the office of the Sanitary Commissioner with the Government of India, which is located in the grounds of the Presidency General Hospital at Calcutta.

153. Since the issue of the last report the following numbers of the Scientific Memoirs have been published by the Sanitary Commissioner with the Government of India:—No. 31, *The development of the Leishman Donovan parasite in cimex rotundatus*, second report, by Captain W. S. Patton, I. M. S.; No. 32, *An enquiry on Enteric Fever in India* carried out at the Central Research Institute, Kasauli, under the direction of Lieutenant-Colonel D. Semple, M. D., and Captain E. D. W. Greig, I. M. S.; No. 33, *The Production of Alkali in Liquid Media by the Bacillus Pestis*, by Lieutenant-Colonel W. B. Bannerman, I.M.S.; No. 34, *Standards of the constituents of the urine and blood and the bearing of the metabolism of Bengalis on the problems of nutrition*, by Captain D. McCay, I. M. S.

A revised (third) edition of the pamphlet on the *Causation and Prevention of Malarial Fevers*, by Major S. P. James, I.M.S., has been prepared and distributed at a nominal price to Assistant Surgeons, Hospital Assistants and medical students in India.

A Bulletin, No. 7, entitled "*A preliminary account of the biting flies of India*" was published by the Imperial Entomologist to the Government of India, and copies have been distributed to provincial officers who might be likely to find them useful.

A pamphlet on the *House Rats of India*, is in course of preparation and will be published by the authorities of the Indian Museum, Calcutta.

C. J. BAMBER, *Lieut.-Colonel, I.M.S.,*

*Offg. Sanitary Commissioner with the Government of India.*



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APPENDICES

TO THE

Annual Report of the Sanitary Commissioner with the  
Government of India

FOR

1907.

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TABLE I.—Highest, lowest and mean temperature in shade and its departure from the

Station.	January.				February.				March.				April.				May.				June.			
	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.
	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°
Calcutta (Alipore)	86°4	51°9	68°6	+2°3	88°1	51°2	71°9	+0°8	93°6	58°2	77°6	−2°7	103°1	67°2	83°7	−2°0	102°1	68°2	86°2	+0°1	97°1	71°2	85°1	+0°3
Narayanganj ...	83°5	53°8	68°7	+2°1	85°5	52°3	69°6	−0°9	93°0	58°3	75°8	−3°4	96°0	63°8	80°9	−2°9	96°0	70°8	83°4	−0°2	93°5	70°8	83°9	+0°2
Chittagong ...	83°1	54°9	69°4	+2°6	87°6	51°4	71°3	+0°7	91°1	59°9	76°2	−1°0	94°6	64°9	79°9	−1°4	92°7	69°4	81°7	−0°3	91°6	69°9	81°7	+0°1
Sibsagar ...	79°6	43°2	60°2	+0°4	78°6	47°2	63°0	−0°2	83°6	51°2	66°2	−3°4	87°6	57°2	72°2	−2°3	92°6	66°2	77°8	−1°0	95°6	67°2	80°6	−2°3
Silchar ...	85°4	50°0	68°1	+3°1	84°4	52°4	67°7	−0°5	89°5	55°9	72°7	−2°1	91°5	60°4	76°0	−2°9	97°1	68°3	81°3	+0°7	97°6	69°3	81°1	−1°7
Cuttack ...	92°4	53°1	71°6	−0°6	93°4	61°7	77°8	−0°1	100°9	66°2	82°8	−2°0	104°4	70°2	86°2	−3°9	104°9	72°7	88°8	−2°1	105°9	74°7	86°7	−1°2
Hazaribagh ...	82°7	45°5	64°2	+2°4	80°7	48°2	63°8	−2°5	89°7	54°2	71°6	−4°6	96°7	59°2	79°2	−6°2	103°2	68°8	85°9	−1°5	105°6	69°3	84°5	+0°3
Patna ...	82°5	49°4	65°0	+3°4	81°5	49°9	65°1	−0°8	91°5	56°3	72°5	−5°0	100°0	60°3	81°6	−5°5	105°5	72°2	88°2	−0°8	107°0	74°7	87°6	−0°4
Darjeeling ...	56°2	33°0	44°3	+3°5	52°7	32°0	41°9	+0°1	61°2	33°5	46°0	−3°4	65°2	39°5	52°4	−3°2	68°2	44°9	58°0	−0°2	68°2	51°1	59°7	−1°0
Allahabad ...	87°1	42°5	63°5	+2°3	83°1	42°5	64°7	−1°4	95°6	54°0	73°4	−4°2	103°6	60°5	84°2	−3°9	111°1	68°5	91°4	−1°9	112°1	75°5	94°4	+2°3
Lucknow ...	84°0	43°1	63°4	+3°1	82°0	42°6	63°2	−1°7	92°5	52°1	70°9	−5°0	102°0	59°6	82°4	−4°3	109°0	68°1	89°9	−1°5	111°0	74°6	94°5	+3°6
Meerut ...	80°1	39°8	60°2	+2°5	79°1	40°8	59°0	−2°5	89°1	48°3	66°8	−5°4	99°1	54°3	77°9	−5°5	105°6	61°8	86°2	−3°4	107°1	71°3	91°3	+0°9
Delhi ...	81°7	45°2	61°8	+2°5	80°7	46°2	60°7	−2°7	86°7	53°7	69°1	−5°8	101°7	60°2	81°4	−5°3	108°7	72°2	90°6	−1°9	110°7	76°2	95°2	+1°9
Agra ...	84°5	46°9	63°4	+2°3	81°5	46°0	62°8	−3°4	91°0	53°0	71°0	−5°9	102°0	61°5	82°7	−5°5	109°5	69°5	91°2	−3°2	110°0	79°0	95°5	?
Jhansi ...	89°2	48°2	67°1	+3°4	85°2	51°7	67°5	−0°8	96°7	57°7	75°6	−4°2	104°3	68°1	86°2	−4°3	111°3	74°1	94°6	−2°4	111°3	80°2	96°8	−3°5
Ajmer ...	85°4	43°8	64°4	+4°6	85°9	41°9	62°4	−1°3	91°4	55°2	72°5	−2°0	101°9	63°2	83°9	−1°4	109°4	66°2	90°2	−1°4	108°4	76°6	93°3	+2°6
Saugor ...	85°1	48°0	66°5	+2°1	87°1	49°5	66°8	−1°6	94°6	55°0	75°2	−3°2	101°1	63°0	82°7	−4°5	107°6	70°5	89°7	−2°1	106°1	71°5	90°0	+2°3
Jubbulpore ...	87°4	40°3	63°1	+0°3	86°4	45°3	66°8	−0°6	95°0	51°8	73°5	−3°4	102°5	55°8	81°5	−4°9	107°0	63°3	88°0	−4°3	107°5	72°3	89°7	+2°1
Multan ...	80°3	39°0	61°7	+4°9	84°8	40°0	58°7	−2°0	87°8	48°9	68°5	−4°0	106°9	59°9	80°7	−3°1	114°5	63°0	90°8	−1°3	116°5	68°0	93°5	−2°3
Lahore ...	79°3	37°1	58°7	+3°8	77°8	37°1	56°5	−1°9	83°4	49°1	64°2	−5°5	102°4	54°1	77°2	−4°1	113°4	60°2	87°5	−1°6	112°9	69°2	92°0	−1°4
Peshawar ...	73°7	38°9	55°2	+3°6	74°2	35°4	52°7	−1°7	76°2	43°4	58°3	−5°8	93°7	50°9	70°1	−3°8	107°2	54°9	81°0	−3°3	110°2	63°9	86°7	−5°0
Ranikhet ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata ...	67°3	29°7	47°9	+4°5	59°8	26°7	38°8	−4°9	61°8	26°7	44°4	−8°6	71°8	37°2	56°4	−4°8	75°8	48°7	63°0	−2°5	83°8	50°7	68°2	+1°0
Indore ...	87°1	44°1	65°6	+1°0	88°1	41°6	67°6	−0°2	94°1	51°6	74°7	−1°8	101°1	64°1	82°0	−3°2	104°6	62°4	87°5	−1°9	104°1	70°6	87°0	+2°2
Deesa ...	93°8	36°4	68°7	+1°4	94°8	37°4	69°0	−1°8	101°8	56°4	78°3	−1°7	106°3	64°9	85°8	−2°2	111°3	65°4	90°5	−1°7	113°8	71°9	90°6	−0°7
Kurrachee ...	84°4	46°2	69°8	+4°1	83°9	48°2	66°8	−2°1	97°4	58°2	76°8	+0°7	98°9	68°2	81°9	+0°1	103°9	65°2	85°2	−0°6	110°9	68°2	87°8	−0°3
Bombay ...	89°0	66°5	77°3	+2°4	87°5	63°5	76°6	+0°9	88°5	90°5	80°2	+0°7	92°5	76°0	84°2	+1°1	93°0	77°0	85°5	−0°2	93°5	75°5	84°4	+0°8
Belgaum ...	88°8	50°4	70°2	−0°3	94°8	46°0	74°1	−0°1	97°3	56°9	78°6	−0°5	95°8	62°4	78°5	−3°3	99°3	61°4	79°8	−0°8	94°8	65°8	75°1	+0°6
Nagpur ...	93°1	48°1	69°3	−0°3	93°6	50°1	73°1	−1°6	100°1	58°1	80°1	−3°0	106°2	64°6	84°0	−6°9	110°6	67°6	93°4	−2°3	111°8	70°6	90°1	+1°7
Bellary ...	95°0	58°1	75°6	+1°6	101°0	62°2	81°2	+1°4	104°0	65°2	86°8	+0°6	103°0	70°2	86°5	−3°8	106°0	74°2	90°9	+1°0	106°0	70°2	85°6	+0°7
Bangalore ...	86°8	51°9	69°2	+0°7	92°3	53°9	73°7	+1°0	93°8	58°9	77°9	+0°2	92°8	61°4	78°5	−2°8	96°8	64°8	79°9	−0°3	90°8	63°8	75°3	−0°5
Madras ...	86°5	59°5	75°5	−0°6	91°5	62°0	77°2	−0°3	95°0	66°5	81°6	+0°5	96°5	71°5	84°4	−0°7	109°0	76°5	91°7	−1°8	107°5	75°0	91°1	+1°5
Rangoon ...	93°1	61°8	77°5	+0°8	96°1	63°8	80°4	+1°0	98°1	67°3	82°2	−1°7	101°1	73°4	86°6	−0°8	100°6	74°4	83°2	−1°4	90°6	73°9	81°8	+0°3
Akyab ...	83°9	59°6	72°5	+2°2	91°4	56°1	74°2	+1°0	94°9	60°6	78°4	−0°8	92°9	69°2	82°4	−1°5	94°9	71°7	83°8	−0°7	90°9	71°7	81°6	−0°5



average of each month at thirty-three stations in India during 1907.

July.				August.				September.				October.				November.				December.				STATIONS.
Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	Highest.	Lowest.	Mean.	Departure.	
°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	°	
92°1	74°7	84°5	+1°2	92°1	75°7	83°8	+0°8	93°6	75°2	84°5	+1°7	93°6	64°7	82°6	+2°1	88°6	57°2	74°5	+1°5	83°1	48°2	66°7	+0°5	Calcutta (Allpore).
94°5	70°3	82°9	—0°9	91°5	77°3	84°0	+0°7	92°5	73°8	84°0	+0°3	93°5	67°3	82°0	+0°4	87°5	59°8	74°4	—0°4	83°5	49°8	67°4	—0°3	Narayanganj.
89°1	73°9	81°3	+0°1	90°1	74°9	81°5	+0°7	89°1	73°4	80°9	—0°7	90°1	64°9	79°2	+0°8	88°1	57°9	73°1	—1°3	86°6	49°4	69°0	+1°0	Chittagong.
90°6	76°2	82°9	—1°1	94°1	71°7	83°7	+0°2	90°6	73°2	81°0	—1°2	87°6	62°2	76°6	—1°2	80°6	53°2	68°1	—0°8	77°6	44°2	60°4	—0°7	Sibsagar.
98°1	74°3	82°6	—1°2	98°0	74°8	84°7	+1°6	93°5	72°3	81°9	—1°2	97°0	62°3	80°4	—0°2	89°5	55°3	73°5	—0°7	86°5	46°3	67°4	+0°1	Silchar.
95°4	75°7	85°3	+1°1	91°4	73°2	82°4	—1°4	95°4	75°2	84°0	—0°2	96°4	66°2	83°0	+0°9	89°4	59°2	77°3	+1°8	86°4	51°2	68°5	—1°9	Cuttack.
92°7	71°3	81°5	+2°4	86°7	71°3	78°8	+1°0	90°7	69°3	78°9	+0°5	92°2	58°3	78°0	+3°0	85°7	52°3	69°8	+2°2	79°7	44°3	60°5	—0°9	Hazaribagh.
97°5	75°2	85°9	+1°0	94°5	75°7	85°4	+1°1	96°0	75°2	84°8	+0°3	95°5	61°2	82°3	+2°0	89°5	52°7	72°7	+1°6	81°0	44°7	63°5	+0°6	Patna.
70°2	55°1	62°1	+0°2	71°7	55°6	62°8	+1°5	71°5	52°2	60°9	+1°0	70°8	45°2	56°1	+0°9	60°8	40°2	49°4	+1°1	59°8	33°2	45°1	+2°4	Darjeeling.
112°1	76°0	93°2	+6°7	97°1	74°5	84°2	—0°1	99°6	66°5	86°3	+2°1	101°6	56°0	82°0	+3°0	94°6	48°5	71°3	+2°2	83°1	38°5	60°2	—1°6	Allahabad.
111°0	77°1	91°4	+5°6	98°0	74°1	85°5	+1°1	102°0	67°6	87°5	+3°2	102°0	56°1	81°6	+3°3	94°0	46°1	69°9	+1°9	84°0	35°6	59°4	—1°6	Lucknow.
109°1	70°8	89°9	+3°8	95°6	75°8	85°2	+0°6	99°6	68°3	86°1	+2°9	99°1	51°8	79°0	+2°6	92°6	44°8	68°1	+2°1	80°1	35°3	57°5	—1°3	Meerut.
112°2	76°2	93°6	+6°3	96°7	74°7	85°9	+0°4	101°7	72°7	88°7	+3°7	100°7	59°7	82°9	+2°9	92°7	51°7	72°4	+2°9	80°7	40°7	60°6	—0°7	Delhi.
112°0	77°0	93°2	+6°3	95°0	75°5	84°8	—0°2	102°5	72°5	87°5	+2°6	102°0	58°0	82°2	+1°7	93°0	52°0	71°7	+1°6	79°5	42°0	60°0	—2°5	Agra.
111°3	76°6	92°7	+7°7	93°2	75°1	82°7	—0°3	102°8	72°6	86°9	+3°2	102°3	63°1	85°7	+4°7	96°3	55°6	75°3	+3°4	84°3	46°1	64°0	+1°2	Jhansi.
107°9	77°6	91°8	+7°5	88°9	74°1	80°8	—0°9	95°9	71°2	83°5	?	97°9	56°2	80°8	+3°2	92°9	50°7	71°7	?	83°9	41°7	61°1	+0°1?	Ajmer.
102°1	72°0	84°4	+4°8	89°1	69°5	76°9	—1°4	96°1	67°5	80°1	+1°1	96°6	61°5	80°7	+4°1	93°1	55°0	73°0	+3°4	80°6	47°0	63°3?	—1°1?	Saugor.
102°5	71°8	84°1	+3°8	87°9	71°8	78°3	—1°1	95°0	65°8	80°9	+0°8	95°5	52°3	77°7	+2°0	91°0	44°3	68°6	+1°1	79°5	36°3	59°5	—2°0	Jubbulpore.
113°9	78°0	96°4	+2°6	109°9	78°0	92°4	+1°0	105°3	71°0	89°3	+0°3	103°8	56°0	81°5	+1°6	93°3	49°0	70°9	+2°5	80°8	38°0	58°7	—0°5	Multan.
114°9	75°2	93°0	+3°0	105°9	75°2	87°6	?	105°9	67°2	89°5	+3°7	104°4	51°2	79°8	+2°7	93°4	44°7	68°4	+3°2	81°4	33°2	56°1	—0°7	Lahore.
115°2	69°4	90°6	—0°6	108°2	72°9	88°6	+0°1	103°2	63°9	85°6	+2°5	97°7	50°9	74°3	+1°5	86°2	40°9	63°9	+2°8	75°2	28°4	51°7	—1°6	Peshawar.
...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	Ranikhet.
82°5	54°7	67°3	+2°3	73°3	56°7	64°3	+0°2	75°3	54°2	63°9	+1°1	76°3	44°7	62°3	+3°7	70°8	38°2	55°9	+3°9	?	?	?	?	Chakrata.
100°1	70°1	82°5	+4°0	83°1	67°6	75°1	—2°0	94°1	66°1	77°3	—0°5	95°6	56°1	78°9	+3°0	91°6	49°6	72°9	+3°3	85°1	41°1	62°6	—1°7	Indore.
109°8	68°4	90°1	+5°4	90°3	72°4	80°1	—2°2	98°8	69°4	82°0	—1°4	102°3	57°9	81°3	—0°6	99°3	52°4	76°9	+2°3	91°3	44°9	67°3	—1°8	Deesa.
95°9	80°2	88°8	+3°2	93°4	75°2	84°7	+1°2	89°4	75°2	82°1	—0°8	97°9	57°2	80°6	—0°7	96°9	57°2	76°8	+2°2	84°9	49°2	67°6	—0°6	Kurrachee.
89°0	73°5	81°5	+0°5	85°5	74°5	80°0	—0°6	88°5	74°5	81°7	+1°2	93°0	74°0	82°9	+0°9	93°0	73°0	82°4	+2°3	90°0	67°0	77°7	+0°6	Bombay.
85°3	65°8	72°6	+1°3	77°3	62°9	69°8	—1°4	84°3	61°1	72°1	...	88°3	57°6	75°5	+1°5	88°3	57°6	73°8	+2°2	86°3	49°1	69°9	0	Belgaum.
98°6	69°6	82°9	+1°5	89°6	70°6	78°3	—2°5	97°6	69°6	82°3	+0°8	98°6	55°6	81°2	+2°0	93°1	50°6	74°3	+1°7	88°6	46°1	66°2	—1°7	Nagpur.
97°0	70°2	82°6	—0°2	95°0	72°2	81°1	—1°2	98°0	68°8	82°6	+0°9	99°0	66°3	83°6	+3°2	96°0	61°8	79°2	+3°0	91°0	55°3	74°9	+1°7	Bellary.
88°8	63°8	74°2	+0°3	85°8	62°8	72°5	—1°2	89°3	61°3	74°8	+1°2	87°3	59°8	74°6	+1°3	86°3	54°8	71°6	+1°0	85°3	48°8	69°4	+1°1	Bangalore.
100°5	75°0	87°4	+2°	101°0	73°6	87°9	+2°3	100°5	72°5	86°5	+1°6	99°0	71°5	82°2	+0°2	87°5	65°0	78°6	—0°2	87°0	61°5	76°2	—0°3	Madras.
89°1	73°9	81°6	+1°0	87°6	73°4	79°9	—0°5	90°1	73°9	81°2	+0°4	90°6	71°9	81°6	—0°1	91°6	72°9	82°4	+2°5	90°6	58°9	76°5	—0°9	Rangoon.
88°4	76°3	80°5	—0°6	86°9	75°7	80°3	—0°6	87°4	75°8	81°4	—1°2	89°4	71°8	81°3	—1°0	83°4	63°8	77°2	—1°1	85°4	58°3	72°1	—0°8	Akyab.



Table II.—Monthly and annual rainfall and its departure from the average at thirty-four stations in India during 1907.

Station.	JANUARY.		FEBRUARY		MARCH.		APRIL.		MAY.		JUNE.		JULY.		AUGUST.		SEPTEMBER.		OCTOBER.		NOVEMBER.		DECEMBER.		TOTAL.		
	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.	Actual.	Departure.			
Calcutta (Alipore) ...	Inches Nil.	Inches. —0'29	Inches 0'09	Inches. —0'93	Inches 4'02	Inches. +2'88	Inches 1'25	Inches. —0'29	Inches 5'48	Inches. —0'12	Inches. +7'48	Inches. —4'15	Inches 8'16	Inches. —4'15	Inches 10'05	Inches. —2'64	Inches. —5'92	Inches 4'45	Inches. —5'92	Inches 1'06	Inches. —2'81	Inches Nil.	Inches. —0'62	Inches 0'53	Inches. +0'22	Inches 53'64	Inches. —7'19
Narayanganj ...	Nil.	—0'38	2'47	+1'19	2'80	+0'47	6'23	+1'47	4'04	—3'52	—7'28	+3'97	17'22	+3'97	11'69	—0'81	—1'57	7'42	—1'57	2'65	—1'40	Nil.	—1'27	0'88	+0'69	60'88	—10'63
Chittagong ...	0'05	—0'36	0'31	—0'85	1'50	—0'64	4'67	+0'20	6'16	—1'43	+4'29	+0'54	16'43	+0'54	14'34	—5'65	+0'07	13'10	+0'07	3'43	—2'98	Nil.	—1'49	0'77	+0'19	67'13	—37'96
Sibsagar ...	2'76	+1'62	1'69	—0'47	5'68	+0'94	6'83	—3'05	10'04	—1'43	+4'29	+0'54	16'43	+0'54	14'66	—1'63	+1'03	12'80	+1'03	0'20	—4'97	0'09	—1'02	0'43	—0'16	90'04	—4'31
Silchar ...	6'80	+6'16	1'63	—0'64	6'28	—1'65	19'42	+5'86	5'49	—10'23	+15'92	+2'37	22'35	+2'37	14'96	—3'73	+4'73	18'68	+4'73	1'19	—5'21	Nil.	—1'31	1'65	+1'11	134'81	+13'38
Cuttack ...	Nil.	—0'33	0'37	—0'12	1'37	+0'06	5'29	+3'91	2'37	—1'17	—3'78	—6'86	5'20	—6'86	33'67	+21'25	—3'17	7'31	—3'17	0'41	—5'32	0'01	—1'35	0'72	+0'38	63'85	+3'50
Hazariabagh ...	0'06	—0'53	4'62	+3'81	3'35	+2'66	0'84	+0'41	1'62	—0'15	+8'52	—6'74	6'88	—6'74	19'66	+6'94	+1'91	10'17	+1'91	Nil.	—3'31	Nil.	—0'30	0'56	+0'35	65'06	+13'57
Patna ...	Nil.	—0'72	2'84	+2'31	1'38	+1'03	0'44	+0'14	0'26	—1'44	+5'05	—7'46	3'95	—7'46	5'90	—4'82	+2'06	9'88	+2'06	Nil.	—2'89	Nil.	—0'20	Nil.	—0'14	37'46	—7'08
Darjeeling ...	0'23	—0'53	2'07	+0'99	4'75	+2'74	4'21	+0'13	8'09	+0'26	—0'95	—5'34	23'40	—5'34	15'24	+3'36	—6'30	0'02	—6'30	0'24	—2'40	Nil.	—0'25	Nil.	—0'23	27'16	—12'36
Allahabad ...	0'01	—0'81	3'38	+2'90	0'20	—0'18	0'76	+0'62	0'06	—0'23	—4'39	—4'45	7'79	—4'45	14'24	+3'36	—6'30	0'02	—6'30	Nil.	—2'40	Nil.	—0'25	Nil.	—0'23	27'16	—12'36
Lucknow ...	Nil.	—0'90	2'06	+1'61	0'62	+0'39	0'65	+0'54	Nil.	—0'91	—4'70	—7'87	3'52	—7'87	9'17	—2'15	—6'57	0'04	—6'57	Nil.	—1'33	Nil.	—0'08	Nil.	—0'44	16'70	—22'50
Meerut ...	0'89	—0'16	2'29	+1'46	0'71	+0'08	2'51	+2'17	0'26	—0'44	—3'55	—7'75	1'62	—7'75	3'57	—4'07	—4'55	Nil	—4'55	Nil.	—0'43	Nil.	—0'08	Nil.	—0'40	11'90	—17'72
Delhi ...	0'78	—0'24	1'61	+1'00	0'46	—0'21	1'70	+1'35	0'06	—0'65	—3'08	—7'36	1'02	—7'36	6'51	—0'93	—4'42	Nil.	—4'42	Nil.	—0'39	Nil.	—0'10	Nil.	—0'43	12'24	—15'46
Agra ...	0'32	—0'23	2'52	+2'19	0'33	+0'08	1'32	+1'16	0'57	—0'07	—2'22	—7'15	2'52	—7'15	15'99	+8'88	—4'41	Nil.	—4'41	Nil.	—0'39	Nil.	—0'06	Nil.	—0'29	24'19	—2'51
Jhansi ...	0'45	—0'15	3'29	+2'98	Nil.	—0'33	0'35	+0'22	Nil.	—0'31	—3'75	—7'28	5'41	—7'28	13'96	+3'04	—5'06	Nil.	—5'06	Nil.	—0'65	Nil.	—0'07	Nil.	—0'27	24'71	—12'23
Ajmer ...	Nil.	—0'31	2'18	+1'90	0'25	—0'06	0'25	+0'12	0'57	—0'02	—2'31	—4'49	2'33	—4'49	8'70	+1'33	—3'09	Nil.	—3'09	Nil.	—0'29	Nil.	—0'20	Nil.	—0'29	14'38	—7'71
Saugor ...	0'39	—0'28	1'85	+1'34	0'06	—0'16	0'90	+0'74	0'23	—0'28	—3'63	—8'02	8'39	—8'02	21'83	+9'36	—7'46	0'27	—7'46	Nil.	—1'17	0'35	+0'02	Nil.	—0'55	38'04	—10'09
Jubbulpore ...	0'26	—0'46	5'16	+4'64	0'01	—0'47	1'43	+1'21	0'93	+0'46	—6'37	—9'05	9'77	—9'05	15'75	+0'62	—7'69	0'69	—7'69	Nil.	—1'55	0'48	+0'11	Nil.	—0'26	36'64	—18'81
Multan ...	Nil.	—0'39	0'20	—0'16	0'11	—0'31	1'08	+0'81	0'66	+0'27	+1'42	—2'17	0'02	—2'17	4'04	+2'38	—0'60	Nil.	—0'60	Nil.	—0'07	Nil.	—0'06	Nil.	—0'27	7'96	+0'85
Lahore ...	0'72	—0'15	2'48	+1'35	0'97	+0'08	1'48	+0'97	0'07	—0'73	+1'42	—2'17	1'51	—5'14	6'25	+1'37	—2'10	Nil.	—2'10	0'15	—0'28	0'01	—0'10	Nil.	—0'47	15'05	—5'65
Peshawar ...	1'57	+0'03	2'75	+1'44	1'83	—0'05	3'62	+1'85	0'22	—0'45	+0'09	—0'34	1'33	—0'34	1'13	—1'04	—0'67	Nil.	—0'67	Nil.	—0'18	Nil.	—0'58	Nil.	—0'55	12'81	—0'45
Ranikhet ...	2'01	—0'51	5'18	+2'91	6'36	+4'56	2'50	+1'24	2'26	—0'12	—5'69	—2'57	10'90	—2'57	14'24	+0'85	—6'28	0'45	—6'28	Nil.	—1'27	Nil.	—0'28	Nil.	—0'89	44'51	—8'05
Chakrata ...	2'50	—0'71	8'84	+5'26	8'62	+5'98	3'43	+1'91	1'51	—1'02	—5'58	—6'63	12'14	—6'63	12'14	—5'78	—5'35	0'95	—5'35	0'20	—0'56	Nil.	—0'34	Nil.	—1'30	53'60	—14'12
Indore ...	0'07	—0'18	0'08	—0'16	Nil.	—0'05	0'28	+0'11	Nil.	—0'47	—3'39	+5'37	15'13	+5'37	7'90	+0'15	—6'24	1'22	—6'24	0'01	—1'08	0'34	+0'10	Nil.	—0'18	27'97	—6'02
Deesa ...	0'03	—0'11	2'18	+2'04	0'06	—0'02	0'20	+0'15	Nil.	—0'19	—1'11	—3'64	5'68	—3'64	44'26	+36'49	—2'46	1'08	—2'46	Nil.	—0'58	Nil.	—0'14	Nil.	—0'05	54'66	+30'38
Kurrachee ...	Nil.	—0'64	2'03	+1'73	0'05	—0'10	0'04	—0'09	Nil.	—0'03	+1'34	—3'10	0'06	—3'10	3'80	+2'03	—0'66	Nil.	—0'66	Nil.	—0'04	Nil.	—0'16	Nil.	—0'19	7'75	+0'09
Bombay ...	Nil.	—0'12	0'27	+0'25	Nil.	—0'01	0'06	+0'01	Nil.	—0'55	+1'92	+34'49	59'05	+34'49	15'99	+1'08	—8'67	2'26	—8'67	0'67	—1'09	Nil.	—0'47	Nil.	—0'05	100'78	+26'79
Belgaum ...	0'12	+0'06	0'27	—0'03	0'06	—0'43	2'66	+0'61	0'47	—2'26	—4'15	—4'12	11'25	—4'12	25'06	+15'91	+6'77	10'82	+6'77	0'77	—4'32	1'30	—0'03	0'03	—0'21	57'71	+7'80
Nagpur ...	0'09	—0'49	2'86	+2'44	0'01	—0'56	1'66	+1'20	0'11	—0'57	+3'70	+0'14	13'63	+0'14	11'80	+2'01	—2'97	5'14	—2'97	Nil.	—2'14	0'72	+0'21	0'09	—0'34	48'25	+2'63
Bellary ...	Nil.	—0'10	Nil.	—0'03	0'09	—0'33	3'38	+2'55	0'08	—1'85	+1'85	+1'62	3'03	+1'62	0'89	—1'29	—1'85	2'27	—1'85	0'02	—4'02	1'01	—0'19	0'02	—0'18	14'48	—3'82
Bangalore ...	0'95	+0'89	Nil.	—0'22	1'25	+0'53	4'33	+3'14	1'92	—2'61	+1'33	+3'97	8'10	+3'97	0'96	—5'04	—0'17	6'94	—0'17	1'09	—5'65	1'09	—1'52	0'49	+0'10	31'58	—5'25
Madras ...	0'11	—0'72	Nil.	—0'28	Nil.	—0'37	0'12	—0'53	Nil.	—1'96	+0'69	—0'95	2'85	—0'95	3'50	—1'16	—3'97	0'87	—3'97	11'72	+0'79	16'25	+2'95	+1'24	+1'30	44'66	—4'27
Rangoon ...	0'17	+0'06	Nil.	—0'23	3'34	+3'18	0'03	—1'71	17'90	+6'17	—2'29	—9'21	12'16	—9'21	24'89	+5'24	—1'02	14'87	—1'02	9'16	+2'04	0'38	—2'14	1'37	+1'30	100'28	+1'39
Akyab ...	0'02	—0'10	Nil.	—0'17	1'13	+0'60	0'20	—1'36	19'30	+7'06	+2'83	—11'23	40'58	—11'23	54'51	+15'01	+9'30	32'35	+9'30	7'80	—3'59	Nil.	—3'27	3'03	+2'59	211'25	+17'67



A.—ARMIES AND DIVISIONS.	Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
			Admissions into hospital.	Constantly sick.	Deaths.	Invaliding.	DEATHS FROM							
							Cholera.	Small-pox.	Enteric Fever.	Heat-stroke.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.
Northern Army ...	1906	37,549	836	51	9'51	23	'32	'05	3'17	'61	'21	'40	'35	1'17
	1907	36,551	744	46	8'34	22	'05	...	2'60	'68	'27	'41	'33	'90
Southern Army ...	1906	31,258	929	54	11'65	36	'83	'06	3'36	'51	'13	'16	'77	2'02
	1907	31,026	786	50	8'32	31	...	'03	3'13	'03	'13	'29	'35	1'19
1st (Peshawar) Division ...	1906	2,822	1,290	55	8'15	17	...	'35	2'48	2'83	...	...	'35	'35
	1907	2,478	1,158	61	4'84	27	...	...	2'02	...	'40	'40	...	'40
2nd (Rawalpindi) " ...	1906	6,858	758	48	7'73	25	...	...	2'04	'29	'44	'58	'73	1'31
	1907	7,270	728	43	6'46	20	...	...	2'20	'14	...	'41	'28	'83
3rd (Lahore) " ...	1906	9,019	778	46	9'09	18	...	'11	3'10	'89	'11	'22	'22	'78
	1907	8,710	648	38	7'58	12	'11	...	2'53	'80	'34	'11	'11	'57
4th (Quetta) " ...	1906	4,099	962	47	10'25	35	...	'24	1'95	'49	...	'73	'24	2'44
	1907	4,422	784	41	7'46	29	...	...	2'26	...	...	'23	'23	'45
5th (Mhow) " ...	1906	7,060	1,060	55	16'01	46	'14	'14	7'08	'99	'28	...	1'84	1'98
	1907	6,731	861	45	10'40	39	...	...	5'94	...	...	'15	'30	1'19
6th (Poona) " ...	1906	6,647	731	48	10'68	24	'90	...	2'86	'15	...	...	'30	2'86
	1907	6,838	723	48	7'46	20	...	'15	2'63	'15	'29	...	'44	1'02
7th (Meerut) " ...	1906	8,933	832	53	9'63	23	'22	...	4'03	'34	'11	'67	'11	'90
	1907	8,466	821	52	9'57	30	...	...	4'02	'83	'35	'35	'35	'83
8th (Lucknow) " ...	1906	9,919	816	55	11'39	27	1'01	...	3'43	'20	'30	'30	'40	1'92
	1907	9,628	667	45	10'28	24	'10	...	1'87	1'04	'31	'73	'62	1'45
9th (Secunderabad) " ...	1906	8,520	927	62	9'62	32	1'17	...	3'17	'12	'12	'12	'23	1'88
	1907	8,135	780	62	7'99	35	...	...	3'20	...	'25	'37	'25	1'72
Burma Division ...	1906	3,853	898	53	9'86	19	2'34	...	'26	'26	'26	'26	1'04	'52
	1907	3,800	761	46	8'16	21	...	...	'79	...	...	'79	'79	1'32
Aden Brigade ...	1906	1,078	1,294	63	16'70	154	...	...	...	3'71	...	...	1'86	1'86
	1907	1,099	850	43	7'28	63	...	...	...	...	...	'91	...	'91
INDIA ...	1906	70,272	871	51	10'43	28	'65	'06	3'19	'55	'17	'28	'53	1'52
	1907	69,332	756	46	8'18	26	'03	'01	2'77	'38	'20	'35	'33	1'01



B.—GROUPS.		Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											
				Admissions.	Constantly sick.	ADMISSIONS FROM									
						Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent fever.	Simple continued Fever.	Pneumonia.	Dysentery.	Veneral diseases.
Group I.—Burma Coast and Bay Islands.	{	1894-1903	1,143	1,350	90	45'3	'1	'3	8'2	181'9	6'0	46'6	1'5	46'2	507'0
		1906	1,375	866	46	2'2	...	1'5	...	42'2	8'0	165'1	'7	22'5	209'5
		1907	1,294	726	46	2'3	...	...	...	70'3	16'2	166'2	'8	19'3	135'2
„ II.—Burma Inland	{	1894-1903	2,391	1,431	92	3'4	'3	'2	4'3	323'9	21'3	48'7	2'3	25'5	447'2
		1906	1,609	943	56	8'1	13'1	...	3'7	97'0	1'2	90'1	1'2	9'9	167'8
		1907	1,727	778	45	3'5	...	...	5'2	77'0	'6	68'9	'6	13'3	148'2
„ IV.—Bengal and Orissa	{	1894-1903	2,163	1,376	83	7'8	1'0	'2	10'6	361'2	34'5	20'7	2'6	68'2	412'1
		1906	1,775	1,120	77	6'8	...	'6	8'5	225'9	1'1	87'3	5'1	16'9	262'5
		1907	1,953	791	55	5'6	...	2'0	4'1	128'5	...	94'2	7'7	18'4	189'5
„ V.—Gangetic Plain and Chutia Nagpur.	{	1894-1903	6,693	1,262	89	9'5	4'9	1'1	28'6	216'9	7'6	47'2	2'3	29'4	446'7
		1906	6,871	788	52	17'6	1'9	2'5	23'3	107'1	'6	52'7	3'1	14'6	107'3
		1907	6,556	677	43	'9	'2	'3	11'0	84'2	1'5	42'4	2'1	16'9	95'6
„ VI.—Upper Sub-Himalaya	{	1894-1903	12,880	1,355	84	3'7	'7	'5	24'6	325'3	9'6	19'7	6'2	21'2	365'5
		1906	12,989	886	53	5'5	'1	'6	15'4	200'9	'5	64'2	4'5	7'9	101'7
		1907	13,391	798	45	6'5	'1	'3	13'5	196'7	1'4	43'5	3'9	6'4	72'3
„ VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	{	1894-1903	4,791	1,490	79	2'0	'1	'7	19'2	573'8	41'1	26'7	6'8	18'0	299'6
		1906	4,975	1,252	56	64'7	...	2'4	9'4	513'0	'4	74'6	4'4	5'6	86'6
		1907	4,621	1,062	55	89'8	...	1'7	7'4	391'5	1'1	25'8	4'3	3'7	64'3
„ VIII.—South-Eastern Rajputana, Central India & Gujarat.	{	1894-1903	5,892	1,555	98	2'7	1'1	'8	34'6	430'1	10'8	30'4	3'2	23'2	479'6
		1906	6,249	1,027	55	22'6	'3	4'3	34'9	369'5	2'9	25'3	4'5	17'8	118'7
		1907	5,730	842	45	9'9	...	...	23'4	241'7	4'2	19'7	2'4	16'2	82'9
„ IX.—Deccan	{	1894-1903	9,371	1,258	84	10'2	'8	'6	20'8	251'5	7'1	24'7	2'4	26'7	458'8
		1906	10,188	756	49	2'9	1'9	'6	21'5	88'2	'8	53'8	2'7	30'8	125'0
		1907	10,260	709	48	1'3	...	'5	18'1	89'8	...	33'5	1'9	19'4	96'9
„ X.—Western Coast	{	1894-1903	1,573	938	69	1'1	'1	'3	6'4	132'1	7'8	34'7	2'7	13'9	354'0
		1906	1,444	817	57	'7	...	...	2'8	185'6	...	7'6	'7	11'8	217'5
		1907	1,372	738	53	...	'7	...	2'2	188'8	...	9'5	'7	8'0	148'7
„ XI.—Southern India	{	1894-1903	3,270	1,192	75	9'5	'3	'7	14'5	152'2	8'2	44'0	2'8	29'4	421'8
		1906	3,802	1,016	59	3'2	'5	1'1	15'8	64'7	...	50'5	'5	20'5	178'9
		1907	3,537	807	60	'8	...	'3	21'5	42'1	...	34'2	4'2	19'2	154'7
„ XIIa.—Hill Stations...	{	1894-1903	8,778	1,026	70	6'0	'3	'1	29'4	166'7	8'1	14'7	5'2	17'0	321'8
		1906	11,235	675	41	4'6	'2	'3	7'3	65'2	15'9	60'5	2'9	6'6	77'9
		1907	11,689	625	39	19'3	...	'3	13'0	98'6	3'1	28'1	2'7	6'1	54'4
„ XIIb.—Hill Convalescent Depots, and Sanitaria.	{	1894-1903	3,075	1,226	84	6'4	'2	'1	15'3	281'2	8'2	9'4	4'3	21'1	298'0
		1906	3,592	807	58	3'1	...	1'4	12'0	93'3	1'1	24'2	4'7	15'9	104'1
		1907	3,515	797	62	4'8	...	...	8'0	176'1	'9	8'8	1'4	10'0	101'8
INDIA	{	1894-1903	66,881	1,293	80	6'3	1'0	'5	23'0	311'2	13'5	27'2	4'3	27'5	385'5
		1906	70,272	871	51	11'4	1'0	1'2	18'6	176'2	3'4	55'7	3'4	15'2	117'3
		1907	69,332	756	46	12'5	'0	'4	13'1	152'0	1'8	35'8	2'8	11'7	89'9

C.—Admission and death rates from Enteric fever in stations of over 1,000 strength.

Stations.		1907.		DECENNIAL, 1894-1903.		Stations.		1907.		DECENNIAL 1894-1903.	
		Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.			Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
Bangalore	...	28'2	3'19	21'5	4'58	Bareilly	...	11'4	...	22'8	4'17
Ranikhet	...	27'4	4'57	31'2	4'88	Chakrata	...	10'6	2'44	31'3	4'37
Ahmednagar	...	26'4	9'43	36'4	7'97	Meerut	...	9'8	2'17	35'3	10'87
Mhow	...	22'3	6'85	38'7	8'40	Peshawar	...	7'8	1'43	33'9	14'10
Secunderabad	...	20'6	5'07	22'1	5'15	Ambala	...	7'2	1'27	37'3	9'50
Sialkot	...	18'5	4'64	15'2	5'06	Wellington	...	5'9	...	11'5	2'21
Quetta	...	17'6	3'00	33'8	8'08	Fort William	...	3'7	1'49	4'6	1'19
Belgaum	...	15'2	'95	5'3	1'76	Aden	...	3'6	...	6'3	2'69
Rawalpindi	...	12'5	1'10	24'0	5'80	Colaba	...	'9	'95	3'8	1'93
Lucknow	...	12'2	2'53	37'9	9'88	Karachi	...	'8	'79	5'3	1'44
Poona	...	12'1	2'63	18'7	5'38						



*D.—Enteric fever. The dates of admission into hospital of patients from certain Barracks and Camps.*

SECMUNDHABAD.		BANGALORE.		JHANSI.		QUETTA.		RAWALPINDI.	
Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.	Serial number of the case.	Date of admission into hospital.
	<i>From Barrack No. 4.</i>		<i>From Barrack No. 2.</i>		<i>From Barrack No. 4.</i>		<i>From Barrack No. 5.</i>		<i>From Barrack No. 1.</i>
17	29th May 1907.	18	12th June 1907.	21	2nd April 1907.	1	2nd Jan. 1907.	10	9th June 1907.
20	30th "	19	13th "	25	14th "	2	2nd "	17	10th July 1907.
21	2nd June 1907.	22	15th "			3	3rd "	22	22nd August 1907.
45	29th August 1907.	23	16th "		<i>From Barrack No. 22.</i>		<i>From Barrack No. 6.</i>		<i>From Barrack No. 2.</i>
47	1st September 1907	25	16th "						
52	23rd "	27	17th "						
54	29th "	34	19th "	20	2nd April 1907.				
		41	28th "	24	12th "	10	21st June 1907.	11	15th June 1907.
	<i>From Barrack No. 5.</i>	42	30th "	30	1st May 1907.	9	26th "	12	16th "
		45	3rd July 1907.	33	18th "			15	5th July 1907.
		47	4th "	37	2nd June "		<i>From Barrack No. 8.</i>	16	9th "
18	29th May 1907.	48	5th "					19	13th August 1907.
19	29th "	51	20th "		<i>From Barrack No. 23.</i>			20	17th "
50	4th Sep. 1907.	55	9th August 1907.			21	6th August 1907.	21	22nd "
51	9th "	57	23rd "			26	26th "		
53	27th "			10	25th Feb. 1907.				<i>From line of march.</i>
	<i>From Barrack No. 6.</i>		<i>From Barrack No. 3.</i>	15	19th March 1907.		<i>From Barrack No. 10.</i>	2	16th Feb. 1907.
				18	24th "			3	20th "
				27	24th April "				
12	6th May 1907.	16	9th June 1907.			13	15th July 1907.		
15	27th "	44	2nd July 1907.		<i>From Barrack No. 24.</i>	11	18th "		
33	12th August 1907.	53	26th "			22	10th August 1907.		
37	19th "	54	5th August 1907.			29	25th "		
			<i>From Barrack No. 6.</i>	38	2nd June 1907.	46	19th October 1907.		
	<i>From Barrack No. 8.</i>			40	12th "	43	1st Nov. 1907.		
					<i>From Barrack No. 25.</i>	42	4th "		
27	29th July 1907.	5	9th Feb. 1907.				<i>From Barrack No. 11.</i>		
28	31st "	6	12th "						
36	19th August 1907.	14	10th May 1907.	5	15th Feb. 1907.				
40	24th "	20	13th June 1907.	6	16th "	39	21st Sep. 1907.		
		21	14th "	7	20th "	35	3rd October 1907.		
	<i>From the Camp.</i>	24	16th "		<i>From Barrack No. 35.</i>	36	17th "		
		26	17th "				<i>From Barrack No. 12.</i>		
57	29th Nov. 1907.	28	17th "						
58	9th Dec. 1907.	29	17th "	26	19th April 1907.				
59	10th "	30	17th "	28	25th "	14	19th July 1907.		
60	16th "	31	19th "	34	18th May 1907.	19	18th August 1907.		
61	18th "	33	19th "	43	3rd Sep. 1907.	40	26th Sept. 1907.		
62	21st "	35	20th "	48	31st October 1907.				
63	23rd "	37	21st "	49	31st "				
		38	23rd "						
		39	23rd "		<i>From the Camp.</i>				
		40	25th "						
		43	2nd July 1907.						
		45	4th "	2	14th Jan. 1907.				
		49	8th "	3	16th "				
		50	8th "	4	21st "				
		58	26th August 1907.						
			<i>From Barrack No. 8.</i>						
		15	9th June 1907.						
		36	20th "						
		52	21st July 1907.						
			<i>From R. A. Camp.</i>						
		1	10th Jan. 1907.						
		2	17th "						
		3	22nd "						
			<i>From Segregation Camp.</i>						
		10	13th March 1907.						
		11	26th "						
		12	1st April 1907.						

Period.	E.—OFFICERS.				F.—WOMEN.				G.—CHILDREN.			
	†Average annual strength.	Admission rate per 1,000.	Constantly—sick rate per 1,000.	Death rate per 1,000.	†Average annual strength.	Admission rate per 1,000.	Constantly—sick rate per 1,000.	Death rate per 1,000.	†Average annual strength.	Admission rate per 1,000.	Constantly—sick rate per 1,000.	Death rate per 1,000.
1894-1903 ...	2,006	846'3	30'0	15'26	3,010	873'4	36'5	15'68	5,384	587'0	27'0	42'82
1906 ...	2,225	728'1	30'0	17'53	3,431	757'8	32'9	12'24	5,322	469'0	18'0	44'72
1907 ...	2,204	633'4	25'6	7'71	3,496	657'6	28'8	6'58	5,379	368'3	15'3	32'72

• For five years only.

† The decennial rates are, of course, worked on the total strength of the ten years period.



**H.—Table showing the changes in the distribution of the Army of India and the different headings which have been used from the year 1877 to 1907.**

TABLE No. I (1877-1894.)

ARMY OF BENGAL.				ARMY OF MADRAS.		ARMY OF BOMBAY.	
Geographical groups. { IV, V, VI, and portions of VII, VIII, IX, XII-A and XII-B.				I, II, XI and portions of IX, X, XII-A and XII-B.		Portions of VII, VIII, IX, X, XII A and XII B	
Stations.	Stations.	Stations.	Stations.	Stations.	Stations.	Stations.	Stations.
Fort William Dum Dum Barrackpore Dinapore Benares Fyzabad Lucknow Sitapur Fatehgarh Cawnpore Allahabad Fort Allahabad Muttra Shahjehanpur Bareilly	Moradabad Meerut Delhi Rurki Ambala Jullundur Ferozepore Mian Mir Fort Lahore Amritsar Sialkot Rawalpindi Campbellpore Attock Nowshera Peshawar	Multan Nowgong Jhansi Sipri Agra Jubbulpore Saugor Gnathong Ranikhet Chaubattia Chakrata Dagshai Solon Subathu Jutogh Bhagsu	Khairagali Kuldanna Kalabagh Camp Gharial " Thobba " Lower Topa Cherat Quetta Darjeeling Naini Tal Landour Kasauli Dalhousie Murree Pachmarhi.	Port Blair Rangoon Toungoo Thayetmyo Meiktila Myingyan Mandalay Shwebo Bhamo Belgaum Secunderabad North " Central " South Cannanore Calicut Malapuram	Madras St. Thomas' Mt. Pallaveram Bangalore North " South Bellary Ramandrug Wellington " Depot Bernardmyo Poonamalee Depot	Hyderabad (Sind) Karachi Nasirabad Neemuch Indore Mhow Ahmedabad Deesa Ahmednagar Poona Kirkee Satara Kampti Sitabaldi Colaba (Bombay) Butcher's Island.	Taragarh Mount Abu Chikalda Purandhar Khandalla Depot Deolali Depot Aden Khandwa

TABLE No. II (1895 to 1903).

BENGAL COMMAND.			PUNJAB COMMAND.			*MADRAS COMMAND.		BOMBAY COMMAND.	
Geographical Groups. { IV, V and portions of VI, VIII, IX, XII-A and XII-B.			Portions of VI, VII, XII-A and XII-B.			I, II, XI and portions of IX, X, and XII-B.		Portions of VII, VIII, IX, X, XII-A and XII-B.	
Fort William Dum Dum Barrackpore Dinapore Benares Allahabad Fort Allahabad Fyzabad Sitapur Lucknow Cawnpore	Fatehgarh Shahjehanpur Bareilly Rurki Meerut Delhi Muttra Agra Jhansi Nowgong Saugor	Jubbulpore Ranikhet Bhim Tal Chaubattia Chakrata Lebong Darjeeling Naini Tal Landour Pachmarhi	Ambala Jullundur Ferozepore Amritsar Mian Mir Fort Lahore Sialkot Rawalpindi Campbellpore Attock Nowshera	Peshawar Multan Solon Dagshai Subathu Jutogh Khairagali Baragali Kuldanna Kalabagh Camp Gharial	Camp Thobba " Lower Topa Khan Spur Kakool Cherat Kasauli Dalhousie Murree	Port Blair Rangoon Thayetmyo Meiktila Mandalay Shwebo Secunderabad Belgaum Cannanore Calicut	Malapuram Bellary Bangalore Trichinopoly Pallaveram St Thomas' Mt. Madras Wellington Poonamalee Depot	Hyderabad (Sind) Karachi Deesa Ahmedabad Neemuch Nasirabad Indore Mhow Kampti Sitabaldi Satara	Poona Kirkee Ahmednagar Colaba (Bombay) Quetta Taragarh Mount Abu Purandhar Khandalla Deolali Depot Aden

\*In 1903 a slight alteration was made by which 8 stations of the Madras Command were separately shown under the heading Burma District.

TABLE NO. III (1904 to 1906.)

NORTHERN COMMAND.			WESTERN COMMAND.			EASTERN COMMAND.			SECUNDERABAD DIVISION.	BURMA DIVISION.
Geographical Groups. { Portions of VI, VII, XII-A and XII-B.			Portions of VII, VIII, IX, X, XII-A and XII-B.			IV, V. and portions of VI, VIII, XII-A and XII-B.			XI and portions of IX, X, XII-A and XII-B.	I, II and portion of XII-A.
Peshawar Nowshera Rawalpindi Campbellpore Attock Sialkot Lahore Cantt. Fort Lahore Multan Ferozepore Jullundur	Amritsar Ambala Cherat Khairagali Baragali Kuldanna Kalabagh Gharial Barian Camp Upper Topa Lower "	Khan Spur Dagshai Solon Subathu Jutogh Murree Dalhousie Kasauli	Quetta Karachi Hyderabad (Sind) Mhow Indore Taragarh Ahmedabad Kampti Nasirabad Neemuch Deesa	Jhansi Nowgong Jubbulpore Saugor Poona Kirkee Colaba (Bombay) Deolali Depot. Mount Abu Pachmarhi Purandhar	Khandalla Ahmednagar Belgaum Aden Dhalla	Meerut Delhi Muttra Agra Bareilly Shahjehanpur Rurki Lucknow Sitapur Fatehgarh Fort William	Dum Dum Barrackpore Dinapore Allahabad Fort Allahabad Benares Cawnpore Fyzabad Lebong Ranikhet Chaubattia	Chakrata Landour Naini Tal Darjeeling	Secunderabad Bellary Bangalore Madras St. Thomas' Mt. Cannanore Calicut Malapuram Ramandrug Wellington Poonamalee Depot	Mandalay Shwebo Bhamo Meiktila Thayetmyo Rangoon Port Blair Maymyo

TABLE No. IV (1907).

NORTHERN ARMY.						SOUTHERN ARMY.				
Geographical Groups. { IV, V, VI and portions of VII, VIII, XII-A and XII-B.						I, II, IX, X, XI, and portions of VII, VIII—XII A and XII--B.				
Peshawar Nowshera Rawalpindi Campbellpore Attock Sialkot Lahore Cantt. Fort Lahore Multan	Ferozepore Jullundur Amritsar Ambala Cherat Khairagali Baragali Kuldanna Kalabagh	Gharial Barian Camp Upper Topa Lower " Khan Spur and Ghora Dhaka Dagshai Solon Subathu Jutogh	Murree Dalhousie Kasauli Meerut Delhi Muttra Agra Bareilly Shahjehanpur Rurki	Lucknow Sitapur Fatehgarh Fort William Dum Dum Barrackpore Dinapore Allahabad and Fort Benares Cawnpore	Fyzabad Lebong Ranikhet Chaubattia Chakrata Landour Naini Tal Darjeeling	Quetta Karachi Hyderabad (Sind) Mhow Indore Kampti and Sitabaldi Nasirabad and Taragarh Neemuch	Jhansi Nowgong Jubbulpore Saugor Poona and Satara Kirkee, Colaba (Bombay) Deolali Depot. Mount Abu	Pachmarhi Purandhar Khandalla Ahmednagar Belgaum Aden Secunderabad, Bellary and Ramandrug Bangalore	Madras St. Thomas' Mt. Cannanore Calicut Malapuram Wellington Poonamalee Depot Mandalay Shwebo	Bhamo Meiktila Thayetmyo Rangoon Port Blair Maymyo



A.—ARMIES AND DIVISIONS.				Years.	Average strength.	RATIO PER MILLE OF STRENGTH.											Mortality including absent deaths.*
						Admissions into hos- pital.	Constantly sick.	DEATHS FROM									
								Cholera.	Small-pox.	Enteric fever.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Dysentery.	Abscess of the liver.	All causes.	
Northern Army ...	1906	62,453	740	25	'21	'02	'27	'42	'75	1'91	'14	'05	6'45				
	1907	61,163	712	24	'08	'03	'39	'38	'38	2'62	'20	'05	7'28				
Southern Army ...	1906	50,885	687	23	'90	'06	'33	'28	'22	1'20	'24	'12	7'61				
	1907	50,484	584	21	'38	'06	'40	'16	'30	1'64	'18	'10	5'68				
1st (Peshawar) Division ...	1906	9,859	782	23	...	...	'10	'61	'30	2'43	'20	...	5'98				
	1907	9,198	835	27	...	...	'22	'22	'11	5'00	'22	...	10'00				
2nd (Rawalpindi) Division ...	1906	10,800	790	28	...	...	'46	'19	1'39	2'69	'19	'09	7'41				
	1907	10,946	682	27	'09	'09	'64	'18	'55	2'56	'37	'09	7'49				
3rd (Lahore) ...	1906	11,336	466	18	'26	...	'26	'62	'53	1'32	...	'09	5'38				
	1907	11,684	428	17	'09	...	'26	'68	'43	1'45	'17	...	6'25				
4th (Quetta) ...	1906	7,513	791	25	'13	'13	'13	'27	'13	1'46	'87	'13	4'92				
	1907	7,964	599	24	...	'25	'25	'50	'25	3'64	'63	...	8'66				
5th (Mhow) ...	1906	16,115	778	24	'43	'06	'50	'37	'25	1'99	'12	...	8'38				
	1907	16,234	665	22	'68	'06	'43	'18	'25	1'23	...	...	5'24				
6th (Poona) ...	1906	9,538	575	20	1'47	'10	'10	'10	...	1'57	'21	'21	9'65				
	1907	9,375	583	20	'21	...	'32	'11	'11	1'07	...	'11	4'59				
7th (Meerut) ...	1906	11,474	643	27	'35	...	'09	'44	1'22	1'22	...	...	6'36				
	1907	10,527	630	22	...	...	'47	'28	'57	1'33	'09	'09	5'98				
8th (Lucknow) ...	1906	10,444	651	22	'57	'10	'29	'57	'57	1'34	'48	'10	7'56				
	1907	10,433	708	21	...	...	'19	'48	'29	1'05	'19	'10	5'08				
9th (Secunderabad) ...	1906	10,603	524	20	2'26	...	'66	'28	'19	1'04	'19	'19	7'73				
	1907	10,306	370	16	'58	...	'78	...	'19	1'75	'19	'19	5'82				
Burma Division ...	1906	5,310	644	26	...	...	...	'38	'19	'19	...	'19	4'14				
	1907	5,096	650	26	...	...	...	...	'39	'59	...	'39	3'73				
Kohat, Derajat and Bannu Brigades	1906	8,540	1,231	36	...	...	'47	...	'35	2'69	...	...	5'85				
	1907	8,372	1,240	34	'36	'12	'60	'36	'24	5'26	'12	...	9'91				
Aden Brigade ...	1906	1,806	1,122	37	...	...	...	...	1'66	'55	'55	...	9'41				
	1907	1,509	861	29	...	...	...	...	2'65	1'90	1'33	...	7'29				
Army of India ...	1906	127,853	684	23	'48	'03	'27	'34	'52	1'56	'20	'09	6'57	8'58			
	1907	126,392	629	22	'19	'04	'35	'26	'33	1'99	'20	'06	6'27	8'51			

\* Worked on the average annual strength of the troops present with and absent from their regiments during the year.

B.—GROUPS.	Years.	Average strength. †	RATIO PER MILLE OF STRENGTH.											
			Admis-sions.	Constantly sick.	ADMISSIONS FROM									Venereal dis-eases.
					Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	
Group I.—Burma Coast and Bay Islands.	1891-1900	1,891	794	37	2'7	'1	'2	...	195'2	6'6	4'3	5'0	66'4	55'5
	1906	1,349	485	18	...	...	'7	...	108'2	'7	71'9	3'0	5'2	8'2
	1907	1,297	563	22	...	...	...	...	154'2	11'6	57'8	'8	23'1	5'4
" II.—Burma Inland	1891-1900	6,083	1,165	50	2'9	1'7	'1	'1	576'6	10'2	7'2	4'7	71'5	47'8
	1906	2,836	674	26	...	...	...	'4	222'5	1'1	40'2	2'1	15'5	16'6
	1907	2,807	629	26	...	...	...	'4	161'0	2'1	57'0	4'6	21'0	16'4
" III.—Assam	1891-1900	2,003	1,209	51	9'2	3'0	'4	3'8	512'1	16'5	6'6	9'4	100'0	71'2
	1906	954	775	25	...	...	...	...	302'9	2'1	8'4	7'3	45'1	32'5
	1907	964	1,059	30	...	...	1'0	2'1	407'7	21'8	2'1	2'1	24'9	45'6
" IV.—Bengal and Orissa	1891-1900	2,935	1,120	44	4'7	'4	'3	'2	511'2	15'0	6'7	5'9	86'1	35'6
	1906	1,816	876	33	2'2	'6	'6	1'7	303'4	6'1	20'4	5'5	43'5	30'8
	1907	2,022	907	33	1'5	...	'5	...	429'3	2'0	4'9	7'4	54'9	22'7
" V.—Gangetic Plain and Chutia Nagpur.	1891-1900	6,463	668	28	7'8	1'6	'3	'3	215'4	12'5	2'8	7'6	42'3	33'7
	1906	6,209	564	18	10'0	'5	'2	'2	140'9	3'4	18'5	6'9	33'3	11'9
	1907	5,900	444	16	'2	...	'3	...	97'3	3'3	14'2	8'3	32'6	10'9
" VI.—Upper Sub-Himalaya	1891-1900	15,166	732	29	2'9	1'0	'6	'2	280'8	17'9	3'1	15'0	29'8	33'7
	1906	20,842	600	22	3'3	'4	'4	1'3	227'7	4'8	14'9	10'3	28'3	15'8
	1907	20,904	582	20	4'9	'2	'5	2'6	218'7	4'8	19'9	11'6	18'8	14'4
" VII.—North-Western Frontier, Indus Valley, and North-Western Rajputana.	1891-1900	15,459	1,102	36	8'9	2'3	'6	'2	507'5	22'2	10'3	29'4	56'5	22'5
	1906	19,224	938	27	16'2	'2	'5	1'2	468'3	7'3	17'0	10'0	49'2	8'5
	1907	18,024	951	28	12'9	'2	'1	1'4	433'3	7'7	2'2	23'0	44'9	7'5
" VIII.—South-Eastern Rajputana, Central India and Gujarat.	1891-1900	12,679	814	27	6'0	1'6	'7	'1	337'5	11'3	12'3	13'1	29'9	41'5
	1906	13,243	767	23	3'2	'7	1'8	'9	355'3	3'9	13'4	10'1	40'7	14'6
	1907	13,094	656	21	3'7	'1	'3	'9	253'1	2'6	7'9	10'9	26'0	14'4
" IX.—Deccan	1891-1900	19,504	736	27	7'0	1'9	1'3	'1	292'6	11'2	11'6	9'3	31'3	43'0
	1906	16,591	579	21	3'7	3'8	1'1	2'0	110'0	3'3	43'6	8'0	39'2	26'3
	1907	16,794	492	19	3'6	1'2	'7	2'4	78'1	1'1	37'5	6'5	32'7	23'2
" X.—Western Coast	1891-1900	3,055	714	29	2'2	'3	'5	'4	159'9	14'9	26'8	6'7	60'5	53'3
	1906	1,783	804	25	...	...	'6	...	260'8	1'1	4'5	5'6	101'0	11'8
	1907	1,652	930	31	...	...	...	2'4	249'4	'6	2'4	10'9	73'2	24'8
" XI.—Southern India	1891-1900	8,244	565	29	3'5	2'5	'6	'1	132'0	3'6	21'7	7'9	20'1	43'2
	1906	4,282	605	20	2'8	'7	1'6	1'4	166'0	1'6	37'8	6'1	42'7	23'8
	1907	3,880	415	16	'5	1'5	1'5	1'0	57'7	1'0	29'1	7'0	18'3	28'6
" XII.—Hill Stations	1891-1900	17,027	1,075	40	21'3	1'0	'3	'6	470'0	24'6	8'4	20'5	53'3	49'6
	1906	22,403	735	28	3'8	...	'2	'8	250'0	6'5	66'2	12'8	33'6	20'2
	1907	22,710	634	25	14'3	...	'4	1'7	217'8	5'9	14'9	16'8	37'2	13'0
Army of India	1891-1900	127,666	852	32	8'1	1'8	'5	'3	348'8	15'2	9'1	14'4	48'8	37'2
	1906	127,853	684	23	5'2	'7	'6	1'0	261'8	5'0	29'6	9'0	37'1	16'2
	1907	126,392	629	22	6'5	'3	'4	1'4	220'5	4'5	16'6	12'4	33'5	14'7

† The decennial ratios are, of course, worked on the total strength of the ten years period.



## 1.—ACTUALS 2.—RATIOS.

C. Plains and Hills.	Average annual strength.	Intermittent Fever.		Remittent Fever.		Tubercle of the lungs.		Pneumonia.		Other respiratory diseases.		Dysentery and Diarrhoea.		Scurvy.		Anæmia and Debility.		All causes.		Average number constantly sick.	
		A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.	A.	D.		
1903.	Plains ...	100,869	24204	60	854	94	369	46	1,340	277	2,122	22	4,225	38	179	8	1,424	8	64,660	944	2,349
			240'0	'59	8'5	'93	3'7	'46	13'3	2'75	21'0	'22	41'9	'38	1'8	'08	10'1	'08	641'0	9'36	23'3
	Hills ...	21,676	5,898	16	219	16	350	35	448	202	611	4	1,156	11	120	11	328	5	16,466	238	733
			272'1	'74	10'1	'74	16'1	1'61	20'7	4'71	28'2	'18	53'3	'51	5'5	'51	15'1	'23	759'6	1'06	33'8
	Hills above 5,000 feet sea-level.	9,900	1,455	4	105	3	50	18	137	16	213	1	357	4	20	...	99	1	5,673	82	255
1904.	Plains ...	98,289	17,182	32	605	53	340	25	1,048	190	1,924	23	3,476	20	324	1	1,283	12	56,276	692	2,151
			174'8	'33	6'2	'54	3'5	'25	10'7	1'93	19'6	'23	35'4	'20	3'3	'01	13'1	'12	572'6	7'04	21'9
	Hills ...	20,366	4,590	10	226	20	125	30	318	50	426	4	702	8	83	1	252	...	13,377	180	576
			225'4	'49	11'1	'98	6'1	1'47	15'6	2'46	20'9	'20	34'5	'39	4'1	'05	12'4	...	656'8	8'84	28'3
	Hills above 5,000 feet sea-level.	8,576	1,438	7	85	7	49	12	103	13	165	3	269	1	35	1	81	...	5,055	72	227
1905.	Plains ...	99,771	14,461	28	669	41	287	33	1,266	185	2,528	23	3,771	18	124	3	1,080	9	55,250	602	2,083
			144'9	'28	6'7	41	2'9	33	12'7	1'86	25'3	'21	37'8	'18	1'2	'03	10'8	'09	55'8	6'03	20'9
	Hills ...	20,224	3,444	9	233	17	93	26	277	50	920	5	850	9	84	1	253	...	14,749	365	624
			170'3	'45	11'5	'84	4'6	1'29	13'7	2'37	45'5	'35	42'0	'45	4'2	'05	12'5	...	729'3	18'05	30'9
	Hills above 5,000 feet sea-level.	9,583	1,297	4	60	7	46	13	95	20	333	2	341	6	50	1	100	...	5,698	260	260
1906.	Plains ...	1,01,783	26,348	31	485	33	221	32	856	159	2,108	14	4,656	27	214	10	1,349	3	68,275	665	2,201
			258'9	'30	4'8	'32	2'2	'31	8'4	1'56	20'7	'14	45'7	'27	2'1	'10	13'2	'03	670'8	6'53	21'6
	Hills ...	22,469	6,104	6	146	10	79	29	285	39	754	2	926	8	92	...	347	2	17,057	158	646
			271'7	'27	6'5	'44	3'5	1'29	12'7	1'74	33'6	'09	41'2	'36	4'1	...	15'4	'09	759'1	7'03	28'8
	Hills above 5,000 feet sea-level.	11,510	2,474	2	72	6	3'4	9	118	17	289	2	437	7	70	...	163	2	6,923	78	293
1907.	Plains ...	99,460	21,867	32	398	18	218	25	1,171	185	2,464	19	3,802	17	223	14	1,168	6	61,973	582	2,047
			220'0	'32	4'1	'18	2'2	'25	11'8	1'86	24'8	'19	38'2	'17	2'2	'14	11'8	'06	623'2	5'85	20'6
	Hills ...	22,399	5,023	18	132	14	52	13	379	66	660	6	982	8	54	2	338	3	14,412	187	568
			2,24'3	'80	5'9	'63	2'3	'58	16'9	2'95	29'5	'27	43'8	'36	2'4	'09	15'1	'13	643'4	8'35	25'4
	Hills above 5,000 feet sea-level.	11,378	1,263	2	29	6	22	7	152	16	231	3	501	4	42	2	129	...	5,499	59	230
1908.	Plains ...	11,021	111'0	'18	2'5	'53	1'9	'62	13'4	1'41	20'3	'26	44'6	'35	3'7	'18	11'3	...	483'3	5'19	20'2
			3,760	16	103	8	30	6	227	50	429	3	481	4	12	...	209	3	8,913	128	338
	Hills ...	11,021	341'2	1'45	9'3	'73	2'7	'54	20'6	4'54	38'9	'27	43'6	'36	1'1	...	19'0	'27	808'7	11'61	30'7



D—ENTERIC FEVER.						1891-1900.		1907.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	...	...	...	24·2	6·46	13·1	2·77
†Native troops	...	...	..	...	...	·3	·09	1·4	·35
Gurkhas only	...	...	...	...	...	1·4	·38	3·9	·83
Prisoners	...	...	...	...	...	·3	·12	·6	·18

†Including Gurkhas also.

						E—TUBERCLE OF THE LUNGS, 1907.		F—VENEREAL DISEASES, 1907.	
						Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	
Army of India excluding Gurkhas	...	...	...	...	...	2·3	·24		14·0
Gurkhas only	...	...	...	...	...	4·8	1·03		20·3

			G—INFLUENZA.				H—PNEUMONIA.			
			1891-1900.		1907.		1891-1900.		1907.	
			Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.	Admission rate per 1,000.	Death rate per 1,000.
European troops	...	...	6·8	·03	12·5	...	3·8	·60	2·8	·35
Native troops	...	...	8·1	·12	6·5	·02	14·4	3·24	12·4	1·99
Prisoners	...	..	23·8	·38	4·4	·07	16·2	4·27	11·8	3·08



A.—Administrations.	Years.	Average strength.†	RATIO PER MILLE OF STRENGTH.*											
			Admissions.	Constantly sick.	DEATHS FROM									
					Cholera.	Small-pox.	Remittent fever.	Tubercle of the lungs.	Pneumonia.	Other respiratory diseases.	Dysentery.	Diarrhœa.	Anæmia and debility.	All causes.
Burma ...	1901-1905	11,779	452	22	·68	·02	·24	3·63	1·32	·51	2·77	·82	·32	16·78
	1906	13,369	280	16	·22	·15	·07	4·19	1·20	·52	1·50	·45	·07	14·81
	1907	13,721	256	14	·22	...	·15	3·06	·80	·44	·73	·29	·22	11·88
Eastern Bengal and Assam...	1901-1905	5,285	1,099	45	·67	·10	·64	3·34	3·47	·76	7·67	1·05	1·46	28·07
	1906	6,871	912	43	1·89	...	·15	3·06	3·20	1·16	7·71	·58	·87	29·69
	1907	7,310	861	38	·96	·14	·27	3·97	2·87	·96	7·25	1·23	·68	29·55
Bengal ...	1901-1905	14,573	999	37	·77	·04	·29	3·86	2·48	·54	5·83	1·39	·56	23·93
	1906	14,537	1,009	38	1·01	·20	·47	4·31	2·95	·74	5·72	·88	·67	23·36
	1907	14,408	938	36	·35	·28	·14	3·12	2·64	·62	2·85	·35	·42	16·94
United Provinces of Agra and Oudh ...	1901-1905	25,557	699	34	·46	·04	·09	2·97	2·54	·94	3·73	1·06	·22	18·77
	1906	24,872	603	27	·44	·12	·04	2·85	2·77	·84	1·89	·76	·24	16·56
	1907	23,887	603	29	·04	·04	...	1·67	3·43	·96	1·93	1·05	·17	15·03
Punjab ...	1901-1905	12,333	999	32	·11	·10	·34	3·68	4·74	·66	2·61	·75	·68	21·68
	1906	11,744	737	26	...	...	...	3·83	2·64	·17	2·64	1·36	·85	15·75
	1907	11,154	707	30	...	...	·27	3·86	4·03	·54	2·06	1·34	·90	19·81
North-West Frontier Province	1901-1905	1,287	1,016	32	...	·78	·16	·93	4·35	·47	3·73	·47	·31	20·35
	1906	1,300	1,465	36	...	...	...	·77	3·85	1·54	4·62	·77	1·54	25·38
	1907	1,183	1,209	35	...	...	...	3·38	5·92	...	3·38	·85	...	17·75
Central Provinces ...	1901-1905	4,429	772	25	·09	...	·05	2·53	2·48	1·31	3·61	1·85	1·17	20·19
	1906	3,329	598	19	...	...	·60	1·80	1·20	·30	2·10	·30	·60	13·82
	1907	3,241	526	18	...	...	·93	2·47	·93	·62	4·32	·62	·93	19·44
Bombay ..	1901-1905	8,725	689	29	·05	·16	·80	3·32	6·56	1·60	1·74	1·63	·83	26·36
	1906	7,925	689	31	2·27	...	·88	1·89	3·66	1·14	2·02	·76	·88	20·69
	1907	7,537	693	32	...	...	...	2·52	5·84	1·46	1·86	1·59	·93	20·96
Madras ...	1901-1905	9,832	482	21	1·36	·02	·14	3·50	1·95	·33	2·36	·14	·37	18·74
	1906	10,428	417	18	4·32	·10	·10	2·49	1·63	·58	4·32	·10	·58	21·77
	1907	10,166	376	19	3·84	...	·20	2·46	1·87	·20	2·85	·10	·30	18·79
INDIA† ...	1901-1905	95,479	759	31	·54	·06	·28	3·32	3·07	·79	3·71	1·04	·56	21·12
	1906	95,394	658	27	1·10	·09	·21	3·21	2·55	·71	3·25	·73	·55	19·27
	1907	93,264	624	27	·59	·06	·15	2·74	2·90	·73	2·57	·80	·45	17·72
ANDAMANS ...	1901-1905	13,289	1,838	61	...	...	2·59	7·66	4·23	1·28	10·84	1·57	·02	37·38
	1906	14,688	2,041	70	...	...	2·52	5·58	5·38	1·23	4·90	·34	...	27·30
	1907	14,411	1,903	78	·07	...	·56	5·20	4·30	·90	3·12	·69	...	23·59
INDIA‡ ...	1901-1905	108,769	891	35	·47	·06	·56	3·85	3·21	·85	4·58	1·11	·49	23·11
	1906	110,082	843	33	·95	·08	·52	3·52	2·93	·78	3·47	·68	·47	20·34
	1907	107,675	795	34	·52	·06	·20	3·07	3·08	·75	2·65	·79	·39	18·51

\* Excluding Subsidiary Jails.

† Including Ajmer, Sibi, Quetta, Mercara and Secunderabad and excluding Andamans.

‡ Including Andamans.

B.—Groups.			Years.	Average strength. ‡	RATIO PER MILLE OF STRENGTH.*											
					Admissions.	Constantly sick.	ADMISSIONS FROM									
							Influenza.	Cholera.	Small-pox.	Enteric fever.	Intermittent fever.	Remittent fever.	Simple continued fever.	Pneumonia.	Dysentery.	
Group I.—Burma Coast and Bay Islands ...	1901-1905	7,967	442	21	·7	1·2	·1	·6	97·4	2·8	19·2	3·8	37·0			
	1906	9,576	248	15	4·6	·6	1·0	·4	42·0	·6	18·2	3·7	10·7			
	1907	9,728	248	14	·8	·5	·1	...	35·5	·4	17·1	1·3	10·6			
„ II.—Burma Inland ...	1901-1905	3,812	471	23	4·2	1·8	·1	·6	107·7	2·5	3·0	8·0	67·7			
	1906	3,793	360	19	...	·3	·3	·3	69·1	·3	6·1	5·5	37·2			
	1907	3,993	274	14	...	...	·3	·3	38·8	·8	6·3	4·8	43·1			
„ III.—Assam ...	1901-1905	1,239	820	42	19·2	1·5	1·1	·2	258·3	5·6	4·4	4·8	234·2			
	1906	1,430	757	39	·7	4·9	...	...	260·1	7·0	...	7·7	160·1			
	1907	1,545	866	28	89·3	...	...	·6	326·9	1·9	...	5·2	173·5			
„ IV.—Bengal and Orissa ...	1901-1905	12,182	1,014	40	21·2	1·1	·4	·5	270·3	2·1	10·8	10·3	258·9			
	1906	12,457	987	44	9·8	1·6	·6	1·3	273·6	3·0	1·0	9·6	223·8			
	1907	12,670	946	41	10·0	1·4	·9	·2	302·8	2·6	1·7	11·0	191·2			
„ V.—Gangetic Plain and Chutia Nagpur...	1901-1905	23,686	769	33	16·0	·9	·4	·4	265·3	1·2	4·5	10·0	86·0			
	1906	23,376	680	27	3·0	1·1	·7	·3	231·1	·4	11·2	9·6	85·5			
	1907	22,646	620	26	2·0	·4	1·9	·2	203·7	·3	6·0	9·8	64·9			
„ VI.—Upper Sub-Himalaya ...	1901-1905	13,091	946	32	17·8	·1	·3	·8	409·2	1·3	3·9	17·5	56·3			
	1906	12,351	818	29	13·5	...	1·0	·3	358·9	·7	7·2	12·4	36·4			
	1907	11,880	752	31	7·7	·1	·6	1·0	296·5	·4	2·1	21·4	34·3			
„ VII.—North-West Frontier, Indus Valley and North-Western Rajputana.	1901-1905	8,142	785	29	9·5	·3	1·7	·2	201·1	1·3	1·1	27·4	48·5			
	1906	8,447	690	26	5·0	...	·8	·1	277·0	·6	4·0	18·1	37·5			
	1907	7,958	738	31	1·0	...	...	·9	231·7	·6	1·5	31·7	52·5			
„ VIII.—South-Western Rajputana, Central India and Gujarat.	1901-1905	4,772	754	39	12·3	·5	·8	·1	278·4	·6	·3	20·5	36·5			
	1906	4,595	614	32	13·5	...	2·0	·2	194·6	·2	...	18·9	23·7			
	1907	4,206	664	34	...	...	...	...	162·6	·2	...	18·3	19·0			
„ IX.—Deccan ...	1901-1905	8,373	812	31	14·0	·1	·3	·2	284·4	6·0	4·5	9·9	50·3			
	1906	6,810	780	29	7·2	1·5	·4	·4	189·2	1·8	1·8	5·8	59·9			
	1907	6,563	727	29	5·2	·2	·2	·6	213·9	1·8	·6	3·7	46·8			
„ X.—Western Coast ...	1901-1905	2,728	527	23	1·4	·1	1·0	3·7	155·2	4·7	8·3	9·5	40·3			
	1906	2,452	500	22	...	14·7	·8	15·9	109·3	7·7	11·4	12·2	88·9			
	1907	2,290	479	23	·4	...	...	11·4	95·6	1·3	5·2	7·0	75·1			
„ XI.—Southern India ...	1901-1905	8,845	497	22	4·4	3·6	·2	·7	106·5	1·2	26·8	9·0	55·1			
	1906	9,429	419	18	1·0	7·3	1·3	2·3	57·6	2·1	30·5	7·4	76·0			
	1907	9,106	376	19	...	11·6	·1	·5	55·2	·7	8·2	4·6	51·3			
„ XII.—Hills ...	1901-1905	594	842	28	5·1	1·3	1·0	2·4	266·3	3·7	19·9	20·2	85·5			
	1906	572	892	31	...	22·7	3·5	8·7	237·8	17·5	12·2	31·5	80·4			
	1907	608	671	25	...	...	...	1·6	182·6	28·0	3·3	11·5	65·8			
INDIA† ...	1901-1905	95,479	759	31	12·7	1·0	·5	·6	251·9	2·1	8·1	12·4	88·3			
	1906	95,394	658	27	5·9	2·0	·9	1·1	207·2	1·5	9·7	10·1	78·9			
	1907	93,264	628	27	4·9	1·5	·7	·7	190·2	1·1	5·1	11·5	67·9			
ANDAMANS ...	1901-1905	13,289	1,838	61	7·0	...	...	...	1111·2	10·2	...	11·6	156·9			
	1906	14,688	2,041	70	26·2	...	...	...	1450·0	4·4	5·4	15·8	94·0			
	1907	14,411	1,903	78	1·1	·1	...	...	1318·6	1·0	22·6	13·9	109·8			
INDIA‡ ...	1901-1905	108,769	891	35	12·0	·9	·4	·5	356·9	3·1	7·1	12·3	96·7			
	1906	110,082	843	33	8·6	1·7	·7	·9	373·0	1·9	9·2	10·9	80·9			
	1907	107,675	795	34	4·4	1·3	·6	·6	341·2	1·1	7·5	11·8	73·5			

\* Excluding Subsidiary Jails.

† Including Aden and excluding Andamans.

‡ Including Andamans.

§ The quinquennial ratios are, of course, worked on the total strength of the five years.



C.—Causes of admission.					Years.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Influenza	...	...	...	{	1903	70	45	30	261	109	42	15	94	61	55	32	20	834
					1904	14	9	5	32	51	41	38	32	28	47	40	33	370
					1905	77	114	90	223	52	30	48	130	192	59	21	21	1,057
					1906	29	36	25	51	64	96	50	22	50	102	30	10	565
					1907	7	49	122	4	1	3	62	12	8	32	33	121	454
Total					1903-1907	197	253	272	571	277	212	213	290	339	295	156	205	3,280
Cholera	...	...	...	{	1903	1	...	2	14	10	13	7	25	16	3	2	4	97
					1904	2	3	5	3	7	20	1	...	1	2	...	3	47
					1905	4	...	1	2	2	...	2	12	39	5	3	3	73
					1906	2	3	1	9	3	5	42	37	5	30	47	3	187
					1907	2	2	3	8	92	2	6	16	3	1	3	2	140
Total					1903-1907	11	8	12	36	114	40	58	90	64	41	55	15	544
Enteric Fever ...	...	...	...	{	1903	4	1	8	2	3	6	7	4	4	1	2	3	45
					1904	13	3	2	8	3	2	3	5	6	3	5	2	55
					1905	...	...	4	4	6	6	14	11	3	6	3	7	64
					1906	11	1	4	3	5	7	14	33	14	4	2	4	102
					1907	6	9	2	3	9	3	3	6	7	6	5	6	65
Total					1903-1907	34	14	20	20	26	24	41	59	34	20	17	22	331
Intermittent Fever	...	...	...	{	1903	1,220	1,085	1,584	2,124	1,787	1,439	1,566	1,759	2,231	3,412	2,578	1,830	22,615
					1904	1,253	1,089	1,154	1,319	1,393	1,293	1,411	1,999	2,553	2,565	2,025	1,461	19,525
					1905	1,083	974	1,123	1,202	1,256	1,264	1,319	1,551	1,843	1,877	1,725	1,297	16,704
					1906	855	673	900	1,163	1,177	1,237	1,685	1,906	2,502	2,893	2,846	1,917	19,765
					1907	1,471	959	1,055	1,173	1,362	1,265	1,434	1,693	2,038	2,139	1,859	1,393	17,741
Total					1903-1907	5,892	4,780	5,816	7,081	7,075	6,498	7,416	8,808	11,167	12,886	11,033	7,898	96,350
Remittent Fever	...	...	...	{	1903	15	2	14	12	21	24	15	11	4	13	7	5	143
					1904	4	10	6	13	10	8	14	13	5	10	6	3	102
					1905	4	3	5	10	13	16	8	4	15	19	10	11	109
					1906	9	3	9	6	10	16	10	9	9	22	26	11	140
					1907	10	4	8	8	10	8	13	16	3	6	6	8	100
Total					1903-1907	42	22	42	49	64	72	60	53	36	61	55	38	594
Simple Continued Fever	...	...	...	{	1903	16	17	21	23	52	29	76	68	72	62	63	41	540
					1904	51	48	32	36	57	66	58	50	99	87	68	83	735
					1905	47	50	56	78	100	69	94	81	94	104	62	57	892
					1906	31	26	71	52	85	99	94	117	123	130	62	40	930
					1907	25	39	29	22	40	50	47	56	66	42	25	37	478
Total					1903-1907	170	180	209	211	334	313	369	372	454	425	280	258	3,575
Pneumonia	...	...	...	{	1903	161	118	130	100	81	74	72	56	60	71	117	166	1,206
					1904	147	131	89	60	65	69	38	62	46	73	88	97	965
					1905	86	122	94	89	65	42	53	55	54	64	72	100	896
					1906	95	88	71	70	85	83	54	48	67	68	101	133	963
					1907	125	103	72	54	60	47	62	53	66	68	146	218	1,074
Total					1903-1907	614	562	456	373	356	315	279	274	293	344	524	714	5,104
Dysentery	...	...	...	{	1903	353	262	439	508	493	587	740	943	870	749	709	639	7,292
					1904	508	382	580	561	515	675	868	952	743	706	669	583	7,747
					1905	410	330	377	590	607	592	751	978	901	763	635	562	7,496
					1906	432	336	446	534	572	568	855	1,079	794	756	615	538	7,525
					1907	480	342	502	598	506	470	645	736	672	583	497	497	6,328
Total					1903-1907	2,183	1,652	2,344	2,591	2,693	2,892	3,859	4,683	3,985	3,557	3,125	2,819	36,388

\* Excluding Andamans.



D.—SICKNESSES AND MORTALITY FROM PRINCIPAL DISEASES.	INFLUENZA.				CHOLERA.				SMALL-POX.				ENTERIC FEVER.				INTERMITTENT FEVER.				REMITTENT FEVER.				SIMPLE CONTINUED FEVER.				TUBERCLE OF THE LUNGS.				PNEUMONIA.			
	ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.	
	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.
Years.	Average annual strength.†																																			
1898	...	100,451	2,343	37	23.3	37	14	2	14	64	2	0.02	20	9	0.09	105	305.5	1.05	78	5.4	78	545	78	0.78	2,401	3	23.9	0.03	791	300	7.9	2.09	1,729	425	17.2	4.23
1899	...	98,723	1,622	20	16.4	20	62	5	10	63	5	0.05	21	12	0.12	73	243.6	0.80	54	5.0	54	497	54	0.55	2,257	4	22.9	0.04	770	305	7.8	3.09	1,518	336	15.4	3.42
1900	...	110,231	1,350	34	12.2	31	278	4.6	2.52	116	14	0.11	34	17	0.15	111	272.8	1.01	91	4.9	83	536	91	0.83	3,085	1	28.0	0.01	973	415	8.8	3.76	1,654	459	15.0	4.16
1901	...	105,020	2,025	13	27.9	12	211	2.0	1.01	63	10	0.06	41	20	0.19	98	313.6	0.93	205	2.8	39	295	41	0.39	1,279	2	12.2	0.02	898	372	8.6	3.54	1,501	373	14.3	3.55
1902	...	101,427	886	16	8.7	16	36	4	24	47	6	0.05	69	15	0.15	114	280.8	1.12	40	3.4	39	346	40	0.39	440	1	4.3	0.01	918	361	9.1	3.67	1,339	330	13.2	3.25
1903	...	88,680	834	13	9.4	15	57	1.1	0.64	62	6	0.07	45	25	0.28	78	255.0	0.88	19	1.6	21	143	19	0.21	540	1	6.1	0.01	769	281	8.7	3.17	1,206	302	13.6	3.41
1904	...	90,353	370	17	4.1	19	47	5	34	25	4	0.04	55	14	0.15	60	216.1	0.66	15	1.1	17	102	15	0.17	735	...	8.1	...	763	279	8.4	3.09	965	252	10.7	2.79
1905	...	91,917	1,057	15	11.5	16	73	4.8	44	31	4	0.04	64	15	0.16	84	181.7	0.91	20	1.2	22	109	20	0.22	892	1	9.7	0.01	803	293	8.7	3.19	896	210	9.7	2.28
1906	...	95,394	565	12	5.9	13	187	2.0	1.10	82	9	0.09	102	18	0.19	72	207.2	0.75	20	1.5	21	140	20	0.21	630	...	9.7	...	844	306	8.8	3.21	963	243	10.1	2.55
1907	...	93,264	454	7	4.9	08	140	1.5	0.59	65	6	0.06	65	19	0.20	74	190.2	0.79	14	1.1	15	100	14	0.15	478	...	5.1	...	704	256	7.5	2.74	1,074	270	11.5	2.90

Years.	OTHER RESPIRATORY DISEASES.				DYSENTERY.				DIARRHŒA.				ANÆMIA AND DEBILITY.				E. Causes of deaths. 1907.	DIED PER 1,000 OF AVERAGE STRENGTH.				RELATIVE LIABILITY IN PERCENTAGES.				PERCENTAGES IN DEATHS FROM ALL CAUSES.			
	ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.			ACTUALS.		RATIOS.		ACTUALS.		RATIOS.		ACTUALS.		RATIOS.	
	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.	Admissions.	Deaths.	Admission rates.	Death rates.		European troops.	Native troops.	Prisoners.†	European troops.	Native troops.	Prisoners.†	European troops.	Native troops.	Prisoners.†	European troops.	Native troops.	Prisoners.†
1898	3,394	95	33.8	.95	9,229	537	91.9	5.35	5,336	148	53.1	1.47	2,397	215	23.9	2.14	Cholera	...	.03	.19	.59	4	23	73	.4	3.0	3.3	3.3	
1899	2,960	91	30.0	.92	8,938	426	90.5	4.32	5,094	113	51.6	1.14	1,440	71	14.6	.72	Fever*	...	2.97	1.03	1.15	58	20	22	36.3	16.4	6.5	6.5	
1900	3,183	93	28.9	.84	12,000	715	117.0	6.49	6,392	249	58.0	2.26	2,137	151	19.4	1.37	Bowel-complaints	...	.33	.22	3.38	8	6	86	4.1	3.5	19.1	19.1	
1901	3,256	97	31.0	.92	10,666	540	101.6	5.14	5,926	132	49.8	1.26	1,657	82	15.8	.78	Anæmia and debility	...	...	.09	.45	...	17	83	...	1.5	2.5	2.5	
1902	2,773	74	27.3	.73	8,951	407	88.2	4.01	4,862	141	47.9	1.39	1,389	60	13.7	.59	Respiratory diseases	...	.46	2.19	3.62	7	35	58	5.6	35.0	20.4	20.4	
1903	2,423	63	27.3	.71	7,292	283	82.3	3.19	3,714	68	41.9	.77	1,658	39	11.9	.44	Tubercle of the lungs	...	.20	.33	2.74	6	10	84	2.5	5.3	15.6	15.6	
1904	2,264	59	25.1	.65	7,747	263	85.7	2.91	3,774	88	41.8	.97	1,116	37	12.4	.41	All other causes	...	4.19	2.22	5.79	34	18	47	51.1	35.3	32.6	32.6	
1905	2,428	85	26.4	.92	7,496	277	81.6	3.01	3,603	68	39.2	.74	1,014	50	11.0	.54	All causes	...	...	...	...	...	...	...	...	...	...	...	
1906	2,400	68	25.2	.71	7,525	310	78.9	3.25	3,734	70	39.1	.73	1,193	52	12.5	.55		...	8.18	6.27	17.72	25	19	55	100.0	100.0	100.0	100.0	
1907	2,568	68	27.5	.73	6,328	240	67.9	2.57	3,207	75	34.4	.80	1,048	42	11.2	.45		...	...	...	...	...	...	...	...	...	...	...	...

Excluding Andamans.

\* Enteric, intermittent, remittent and simple continued fever.

† Excluding Andamans.



F.—Statistics of convicts only. Ad.= Admission rates. D.= Death rates.		1903.			1904.			1905.			1906.			1907.		
		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.		Average strength.	RATIO PER 1,000 OF STRENGTH.	
			Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.		Ad.	D.
Burma	Central ...	6,691	450·3	14·05	6,962	381·1	21·69	7,491	278·9	17·62	7,797	246·6	13·59	8,226	255·9	10·45
	District ...	3,981	50·76	22·61	4,151	390·5	14·21	44,60	367·7	17·04	4,809	308·2	14·56	4,782	235·5	12·97
Assam including in 1905, 1906 and 1907 the jails of the new Province of E. B. & Assam.	Central ...	...	...	...	...	...	...	1,886	608·2	24·92	1,901	630·2	23·67	2,026	530·6	25·67
	District ...	1,296	809·3	29·32	1,430	650·6	28·68	4,392	1,248·4	35·06	4,832	997·1	30·22	5,147	991·1	31·09
Bengal excluding in 1905, 1906 and 1907 the jails transferred to Eastern Bengal.	Central ...	9,316	1,015·8	17·50	9,519	803·7	18·91	7,631	1,041·0	25·55	7,653	1,152·4	23·64	7,511	1008·1	13·85
	District ...	8,160	1,162·7	30·76	8,483	1,154·1	21·81	5,885	931·5	23·96	6,305	943·5	23·31	6,121	928·6	21·40
United Provinces.	Central ...	9,387	642·8	12·9	5,913	502·7	12·78	9,389	489·3	15·76	9,934	482·4	14·90	9,394	498·2	11·60
	District ...	11,958	947·9	17·39	12,777	687·6	15·34	12,292	620·0	18·22	1,296	679·8	16·96	12,316	671·1	17·94
Punjab	Central ...	4,858	850	18·94	4,822	915·2	25·09	4,570	714·9	17·94	47,519	625·8	15·37	4,667	649·5	26·14
	District ...	6,341	1,056·3	19·71	5,930	961·2	15·85	5,961	740·3	16·10	6,017	868·2	17·28	5,549	792·8	15·86
North-West Frontier Province.	Central ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	District ...	971	1213	16·48	1,055	1182	16·11	1,077	1,053·9	21·36	1,091	1,631·5	24·75	960	1,311·5	19·79
Central Provinces.	Central ...	2,676	772·1	16·82	2,468	489·9	10·13	2,418	574·0	14·06	2,272	520·2	12·32	2,213	521·9	19·88
	District ...	1,113	1,002·3	22·45	1,085	847·9	18·43	864	862·3	16·20	784	866·1	15·31	731	595·1	12·31
Bombay	Central ...	3,026	347·3	19·17	3,039	556·8	17·11	3,092	654·6	12·94	3,146	894·2	13·35	3,236	928·9	18·23
	District ...	4,889	654·8	31·70	4,868	639·1	20·95	4,836	583·3	20·26	4,851	564·0	24·12	6,123	370·9	16·50
Madras	Central ...	5,775	447·6	18·35	6,129	439·9	15·01	6,695	506·6	15·98	7,464	462·8	22·37	7,341	394·8	20·16
	District ...	3,124	578·7	20·49	3,143	591·8	18·45	3,436	554·1	16·01	2,940	460·2	19·05	2,702	457·4	17·65
Total of the above Provinces.	Central ...	41,729	680·8	16·30	42,252	591·5	17·51	43,172	598·8	18·18	44,923	604·6	17·59	44,614	572·1	16·23
	District ...	41,833	848·1	23·24	42,922	791·3	17·99	43,203	723·2	20·39	44,598	736·3	20·16	44,431	670·2	18·82

G.—Statistics of convicts only.  
Arranged according to duration of confinement.

		Not exceeding six months.		Above six months and not exceeding one year.		Above one year and not exceeding two years.		Above two years and not exceeding three years.		Above three years and not exceeding seven years.		Above seven years		Total.	
1903.	District Jails ...	Strength ...	...	11,122	7,463	7,970	5,715	6,862	2,486	41,618					
		Deaths ...	...	181	112	137	91	122	37	680					
		Ratio per 1,000 of strength.	...	16·3	15·0	17·2	15·9	17·8	14·9	16·3					
1904.	Central Jails ...	Strength ...	...	23,242	9,612	5,314	2,270	1,650	209	42,360					
		Deaths ...	...	587	205	108	28	37	7	972					
		Ratio per 1,000 of strength.	...	25·3	21·3	20·3	12·3	22·4	33·5	22·9					
1905.	District Jails ...	Strength ...	...	11,446	7,605	8,328	5,642	6,749	2,475	42,245					
		Deaths ...	...	196	132	151	70	140	51	740					
		Ratio per 1,000 of strength.	...	17·1	17·4	18·1	12·4	20·7	20·0	17·5					
1906.	Central Jails ...	Strength ...	...	23,849	9,567	5,348	2,192	1,872	213	43,041					
		Deaths ...	...	464	157	90	35	24	2	772					
		Ratio per 1,000 of strength.	...	19·5	16·4	16·8	16·0	12·8	9·4	17·9					
1907.	District Jails ...	Strength ...	...	12,322	7,963	8,606	5,733	5,936	2,925	43,483					
		Deaths ...	...	203	143	141	76	174	48	785					
		Ratio per 1,000 of strength.	...	16·47	17·96	16·38	13·26	29·31	16·41	18·05					
1908.	Central Jails ...	Strength ...	...	23,285	9,771	5,741	2,315	2,063	236	43,413					
		Deaths ...	...	477	195	125	29	42	8	876					
		Ratio per 1,000 of strength.	...	20·49	19·96	21·77	12·53	20·36	33·90	20·18					
1909.	District Jails ...	Strength ...	...	13,611	8,288	8,297	5,820	5,898	3,107	45,021					
		Deaths ...	...	207	146	141	107	146	43	790					
		Ratio per 1,000 of strength.	...	15·21	17·62	16·99	18·38	24·75	13·84	17·55					
1910.	Central Jails ...	Strength ...	...	23,121	10,459	5,963	2,491	2,012	319	44,365					
		Deaths ...	...	535	195	97	33	35	4	899					
		Ratio per 1,000 of strength.	...	23·14	18·64	16·27	13·25	17·40	12·54	20·26					
1911.	District Jails ...	Strength ...	...	12,378	8,339	8,508	6,454	5,957	3,046	44,672					
		Deaths ...	...	231	132	124	75	125	37	724					
		Ratio per 1,000 of strength.	...	18·66	15·83	14·57	11·62	21·02	12·15	16·21					
1912.	Central Jails ...	Strength ...	...	21,741	10,058	5,947	2,494	2,001	415	42,656					
		Deaths ...	...	495	175	99	32	31	4	836					
		Ratio per 1,000 of strength.	...	22·77	17·40	16·65	12·83	15·49	9·64	19·60					



*Appendix to Section V.—Vital Statistics.*  
**STATEMENT NO. I.—Birth and Death Statistics.**

PROVINCE.	Year.	BIRTHS.			NUMBER OF DEATHS.			RATIO OF DEATHS PER 1,000 OF POPU- LATION.			HIGHEST DEATH-RATE.		LOWEST DEATH-RATE.		MEAN DEATH-RATE DURING PREVIOUS FIVE YEARS.			Number of deaths of males to every 100 deaths of females.
		Total number.	Ratio per 1,000 of population.	Mean ratio per 1,000 of population dur- ing previous five years.	In municipalities and towns.	In districts exclud- ing towns.	Total.	In municipalities and towns.	In districts exclud- ing towns.	Total.	In municipalities and towns.	In districts exclud- ing towns.	In municipalities and towns.	In districts exclud- ing towns.	In municipalities and towns.	In districts exclud- ing towns.	Total.	
Lower Burma	1906	180,025	32'33	32'60	30,247	120,946	151,193	42'59	24'89	27'15	65'34	40'76	17'22	15'37	32'14	21'53	22'83	127
	1907	181,834	32'65	32'90	30,183	119,289	149,472	42'18	24'58	26'84	65'10	31'88	17'93	17'01	34'70	22'39	23'92	131
Upper Burma	1906	...	...	...	15,279	61,214	76,493	50'42	23'41	26'22	57'12	35'44	22'35	17'27	34'00	18'20	19'84	100
	1907	96,699	33'14	...	13,087	63,133	76,220	39'69	24'39	26'13	47'75	38'85	17'14	17'75	37'57	19'47	21'33	101
Eastern Bengal and Assam.	1906	1,114,526	37'38	39'63	15,353	928,982	944,335	24'15	31'83	31'67	85'79	49'19	5'73	23'24	25'33	31'80	31'66	110
	1907	1,103,592	37'01	39'31	14,417	859,335	873,752	22'67	29'45	29'30	43'85	43'80	8'01	21'55	24'99	32'35	32'19	110
Bengal	1906	1,885,725	37'32	39'59	113,152	1,710,091	1,823,243	35'03	36'15	36'08	74'13	48'41	7'97	23'59	38'08	33'88	34'15	108
	1907	1,905,425	37'70	39'08	116,272	1,789,920	1,906,192	36'23	37'82	37'72	95'95	56'09	7'66	23'52	37'52	34'43	34'63	105
United Provinces of Agra and Oudh.	1906	1,918,425	40'22	44'25	165,052	1,698,284	1,863,336	49'15	38'31	39'07	111'95	81'01	24'78	24'25	49'14	35'37	36'36	104'76
	1907	1,963,963	41'18	44'02	185,190	1,887,346	2,072,536	55'14	42'57	43'46	142'87	87'58	18'29	24'12	50'69	37'16	38'12	102'49
Punjab	1906	878,006	43'7	41'6	90,182	652,724	742,906	44'73	36'08	36'94	89'23	49'87	9'16	20'05	46'65	45'01	45'17	101'9
	1907	819,571	40'8	43'3	110,180	1,138,549	1,248,729	54'65	62'93	62'10	144'31	106'67	12'15	19'02	48'44	44'99	45'33	104'3
North-West Frontier Province.	1906	76,834	38'6	33'2	6,118	61,031	67,149	36'28	33'50	33'73	52'21	45'77	16'79	31'41	28'63	25'30	25'57	101'6
	1907	62,062	32'5	36'3	6,072	60,945	67,017	36'00	35'04	35'12	58'47	41'59	13'81	31'63	30'57	29'51	29'61	109'5
Ajmer Merwara.	1906	13,789	28'91	30'51	5,731	9,636	15,367	44'21	27'75	32'22	70'94	45'24	31'65	20'50	41'76	27'41	31'31	105'14
	1907	14,881	31'20	33'06	5,288	8,843	14,131	40'79	25'46	29'63	61'02	43'01	25'52	17'42	42'79	26'78	31'13	106'96
Central Provinces and Berar.	1906	614,616	51'72	45'83	61,507	455,106	516,613	50'01	42'71	43'47	220'59	65'01	19'04	30'09	41'71	30'08	51'33	107'89
	1907	623,529	52'46	50'47	55,478	440,125	495,603	45'11	41'30	41'70	93'28	59'58	19'51	32'11	46'62	37'14	35'21	108'13
Bombay Presidency.	1906	625,486	33'84	31'75	129,893	518,126	648,019	53'76	32'25	35'06	103'56	42'74	8'75	19'88	56'15	36'03	38'06	107'70
	1907	610,533	33'03	33'47	99,880	506,726	606,606	38'19	31'54	32'82	82'36	56'81	10'43	13'29	55'33	35'68	38'25	107'2
Coorg	1906	4,713	26'10	23'31	558	4,727	5,285	36'59	28'59	29'26	49'73	34'06	21'20	23'69	41'97	28'42	29'57	119'29
	1907	4,304	23'83	24'76	672	5,677	6,349	44'01	34'34	35'15	68'64	44'23	31'50	27'01	38'65	27'15	28'12	119'23
Madras Presidency.	1906	1,125,978	30'9	29'4	142,109	856,281	998,391	33'4	26'6	27'4	77'5	33'9	6'1	20'9	29'2	20'6	21'5	103'5
	1907	1,119,170	30'8	30'6	121,281	761,735	883,016	28'5	23'7	24'3	66'4	37'1	4'5	17'0	29'3	21'9	22'7	103'6

**STATEMENT NO. II.—Total number of deaths by months.**

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	RATIO PER 1,000 OF POPULATION.	
														1907.	1906.
Burma, { Lower ...	12,902	12,142	11,923	12,079	10,667	10,828	12,858	13,493	12,924	12,063	12,634	14,959	149,472	26'84	27'15
{ Upper ...	8,677	6,892	6,511	5,688	4,982	5,430	6,526	6,322	5,910	5,822	6,291	7,169	76,220	26'13	26'22
Eastern Bengal and Assam.	95,447	69,894	73,099	80,149	60,346	53,463	62,158	51,064	57,761	70,782	86,356	113,233	873,752	29'30	31'67
Bengal ...	161,011	145,725	157,986	182,144	127,004	106,088	131,382	139,007	164,713	180,256	189,245	221,631	1,906,192	37'72	36'08
United Pro- vinces of Agra and Oudh.	151,237	151,472	237,001	257,601	210,452	156,102	137,730	115,504	137,021	156,648	166,244	195,524	2,072,536	43'46	39'07
Punjab ...	77,599	87,423	154,720	240,313	246,073	99,144	52,103	38,816	49,953	60,828	65,029	76,728	1,248,729	62'10	36'94
North-West Frontier Pro- vince.	8,682	6,646	5,919	4,287	4,793	5,532	4,217	4,034	4,391	4,900	6,407	7,209	67,017	35'12	33'73
Ajmer-Mer- wara.	1,455	1,168	1,375	1,044	1,156	975	758	840	1,101	1,254	1,227	1,688	14,131	29'63	32'22
Central Provin- ces and Berar.	37,390	39,535	44,823	34,006	33,243	33,188	32,482	46,658	56,185	55,216	43,903	38,974	495,603	41'70	43'47
Bombay Presi- dency.	55,966	49,947	57,808	44,503	39,474	36,874	45,565	55,507	61,815	63,028	49,424	46,695	606,606	32'82	35'06
Coorg ...	383	379	612	543	704	756	648	527	521	395	398	483	6,349	35'15	29'26
Madras Presi- dency.	83,997	68,410	61,540	56,782	61,196	62,137	73,274	84,470	76,906	73,142	82,727	98,135	883,016	24'3	27'4
Total ...	694,746	639,633	813,317	919,139	800,390	570,517	559,701	556,242	629,291	684,334	709,885	822,428	8,399,623	37'18	34'73



STATEMENT NO. III—British.

Province.	Population under registration.	Ratio of Births per 1,000 of population.			Number of males born to every 100 females born.	Excess of births over deaths per 1,000 of population.	Excess of deaths over births per 1,000 of population.
		Maximum for any one district.	Minimum for any one district.	Mean for the province.			
Burma { Lower . . . . .	5,568,479	45·92	16·62	32·65	107	5·81	...
Upper . . . . .	2,917,501	43·19	21·64	33·14	106	7·01	...
Eastern Bengal and Assam . . . . .	29,812,735	49·45	29·94	37·01	104	7·71	...
Bengal . . . . .	50,528,446	54·59	19·13	37·70	105	...	·02
United Provinces of Agra and Oudh . . . . .	47,691,782*	54·95	28·52	41·18	108·57	...	2·28
Punjab . . . . .	20,108,690	68·2	21·4	40·8	110·5	...	21·3
North-West Frontier Province . . . . .	1,908,184	36·7	27·0	32·5	120·4	...	2·6
Ajmer-Merwara . . . . .	476,912	44·49	27·25	31·20	118·68	1·57	...
Central Provinces and Berar . . . . .	11,884,340	59·80	47·07	52·46	105·32	10·76	...
Bombay Presidency . . . . .	18,481,362	55·95	14·66	33·03	107·90	·21	...
Coorg . . . . .	180,607	37·56	17·15	23·83	108·02	...	11·32
Madras Presidency . . . . .	36,362,222	39·1	23·1	30·8	104·9	6·5	...

STATEMENT NO. IV—Deaths.

Province.	Population under registration.	Area in square miles.	Average population per square mile.	RATIO OF DEATHS PER 1,000 OF POPULATION.			DEATH RATE BY SEX.	
				Maximum for any one district.	Minimum for any one district.	Mean for the year.	Male.	Female.
Burma { Lower . . . . .	5,568,479	76,992	72	45·00	18·87	26·84	28·51	24·77
Upper . . . . .	2,917,501	29,411	99	39·32	18·50	26·13	27·66	24·75
Eastern Bengal & Assam . . . . .	29,812,735	71,555	416	48·63	21·38	29·30	30·23	28·34
Bengal . . . . .	50,528,446	110,409	457	56·00	23·73	37·72	39·03	36·43
United Provinces of Agra and Oudh . . . . .	47,691,782*	107,164	445	87·97	26·91	43·46	42·61	44·36
Punjab . . . . .	20,108,690	97,209	207	104·3	22·4	62·1	59·0	65·7
North-West Frontier Province . . . . .	1,908,184	13,688	149	40·3	32·2	35·1	34·4	36·0
Ajmer-Merwara . . . . .	476,912	2,711	176	30·78	25·75	29·63	29·09	30·22
Central Provinces and Berar . . . . .	11,884,340	97,841	121	58·32	32·37	41·70	43·77	39·67
Bombay Presidency . . . . .	18,481,362	122,984	150	56·76	17·85	32·82	32·94	32·70
Coorg . . . . .	180,607	1,583	114	44·23	31·12	35·15	34·44	36·04
Madras Presidency . . . . .	36,362,222	129,241	281	40·8	18·3	24·3	25·1	23·5

STATEMENT NO. V—Deaths in Towns and Rural Circles compared.

Province.	NUMBER OF REGISTRATION CIRCLES.			POPULATION.			RATIO OF DEATHS PER 1,000 OF POPULATION.		
	Rural.	Town.	Total.	Rural.	Town.	Total.	Rural.	Town.	Total.
Burma { Lower . . . . .	212	40	252	4,852,961	715,518	5,568,479	24·58	42·18	26·84
Upper . . . . .	113	17	130	2,587,732	329,769	2,917,501	24·39	39·69	26·13
Eastern Bengal and Assam . . . . .	242	54	296	29,177,017	635,718	29,812,735	29·45	22·67	29·30
Bengal . . . . .	401	128	529	47,319,539	3,208,907	50,528,446	37·82	36·23	37·72
United Provinces of Agra and Oudh . . . . .	857	446	1,303	44,333,027*	3,358,755	47,691,782*	42·57	55·14	43·46
Punjab . . . . .	407	144	551	18,092,723	2,015,967	20,108,690	62·93	54·65	62·10
North-West Frontier Province . . . . .	64	11	75	1,739,531	168,653	1,908,184	35·04	36·00	35·12
Ajmer-Merwara . . . . .	17	6	23	347,280	129,632	476,912	25·46	40·79	29·63
Central Provinces and Berar . . . . .	264	104	368	10,654,609	1,229,731	11,884,340	41·30	45·11	41·70
Bombay Presidency . . . . .	224	56	280	16,065,004	2,615,420	18,481,362	31·54	38·19	32·82
Coorg . . . . .	5	5	10	165,358	15,249	180,607	34·34	44·01	35·15
Madras Presidency . . . . .	185	232	417	32,112,173	4,250,049	36,362,222	23·7	28·5	4·3

\* Includes 16,010 persons enumerated at the Ajodhya Fair.



Appendix to Section V.--Vital statistics--concl'd.  
STATEMENT NO. VI.—Deaths according to age.

Province.	RATIO PER 1,000 OF POPULATION.																			
	Under one year.		1—5 years.		5—10 years.		10—15 years.		15—20 years.		20—30 years.		30—40 years.		40—50 years.		50—60 years.		60 years and upwards.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Burma { Lower ...	297'70	212'43	30'01	25'33	16'14	14'23	11'66	9'94	16'20	12'61	16'61	14'35	21'00	19'39	27'62	22'90	32'86	27'56	69'63	67'1
Upper ...	328'20	239'37	25'18	23'67	12'56	11'66	7'80	7'53	12'87	10'36	11'70	11'71	14'69	15'07	17'59	15'42	27'82	21'88	70'69	62'85
Eastern Bengal and Assam.	215'79	183'82	39'20	34'61	15'79	12'58	11'39	10'43	16'76	19'07	17'62	20'29	21'05	22'20	26'90	24'20	40'47	36'09	77'74	61'55
Bengal* ...	288'30	252'61	56'09	50'74	23'06	20'27	17'03	15'57	19'70	19'58	22'74	22'34	26'46	23'94	32'80	27'46	50'39	46'25	99'63	84'02
United Provinces of Agra and Oudh.	347'97	327'51	80'32	79'23	20'81	22'03	14'49	18'08	18'49	23'76	21'23	24'50	24'27	25'95	32'98	31'87	51'76	48'85	92'89	79'87
Punjab ...	307'80	305'96	75'83	80'66	30'68	38'31	32'86	47'25	37'98	44'11	38'51	40'85	43'05	48'43	55'69	59'10	72'00	76'88	123'99	134'63
North-West Frontier Province.	209'64	173'72	52'13	51'63	13'23	13'94	8'70	11'75	11'75	9'38	12'69	16'64	18'29	25'14	30'43	33'08	47'44	48'93	95'07	99'05
Ajmer-Merwara	248'28	242'57	120'87	122'63	9'80	11'07	4'34	6'20	6'49	12'05	11'32	12'67	14'52	15'90	23'74	19'12	39'00	35'90	88'70	74'33
Central Provinces and Berar.	Not available.																			
Bombay Presidency.	316'45	276'14	53'91	51'85	12'01	13'32	11'21	13'71	16'85	19'68	18'76	20'63	21'96	21'74	30'35	24'77	44'68	37'48	96'35	86'72
Coorg ...	245'11	187'12	51'26	46'07	12'45	13'31	9'42	7'99	12'73	15'36	20'21	29'78	34'09	37'20	46'66	47'84	57'42	61'02	100'54	85'55
Madras Presidency.	195'1	162'1	33'4	32'0	10'4	9'7	7'2	7'2	10'2	13'3	12'4	13'0	14'2	13'1	20'2	16'1	31'8	26'3	73'5	68'5

\* Excluding Sambalpur District for which the population figures are not available.

STATEMENT NO. VII.—Deaths according to cause.

Province.		DEATHS PER 1,000 OF POPULATION IN 1907.								All causes	Ratio of deaths in 1906.	Ratio of deaths in 1905.
		Cholera.	Small-pox.	Plague.	Fevers.	Dysentery and Diarrhoea.	Respiratory diseases.	Injuries.	All other causes.			
Burma	Lower ...	1'43	'28	1'07	10'28	1'61	'70	'30	11'17	26'84	27'15	24'93
	Upper ...	'14	'46	1'12	7'53	'47	'64	'45	15'30	26'13	26'22	22'46
Eastern Bengal and Assam		2'58	'29	0'002	21'17	'58	'09	'35	4'12	29'30	31'67	35'06
Bengal ...		4'07	'57	1'65	23'18	1'02	'29	'50	6'41	37'72	36'08	38'53
United Provinces of Agra and Oudh		'47	'47	6'90	28'31	'47	'46	'50	5'87	43'46	39'07	44'00
Punjab ...		0'02	0'55	30'27	20'16	0'75	3'20	0'32	6'82	62'10	36'94	47'55
North-West Frontier Province		0'14	0'40	0'81	27'44	0'29	0'99	0'35	4'69	35'12	33'73	26'79
Ajmer-Merwara		0'02	1'04	'03	23'31	1'04	'78	'44	3'00	29'63	32'22	34'25
Central Provinces and Berar		0'36	0'32	3'18	18'00	3'94	2'64	0'53	12'73	41'70	43'47	37'21
Bombay Presidency		'41	'10	5'06	14'09	2'91	3'14	'37	6'74	32'82	35'06	31'84
Coorg ...		1'04	1'17	'01	26'95	2'08	'43	'07	3'41	35'15	29'26	26'24
Madras Presidency		2'2	0'6	0'1	7'8	1'7	0'7	0'3	10'9	24'3	27'4	21'4

STATEMENT NO. VIII.—Ratio of deaths from all causes according to months.

Province.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Burma { Lower ...	...	2'32	2'18	2'14	2'17	1'92	1'94	2'31	2'42	2'32	2'17	2'27	2'69	26'84
	Upper ..	2'97	2'36	2'23	1'94	1'71	1'86	2'24	2'17	2'02	2'00	2'16	2'46	26'13
Eastern Bengal and Assam		3'20	2'34	2'45	2'68	2'02	1'79	2'08	1'71	1'93	2'37	2'89	3'79	29'30
Bengal ...		3'18	2'88	3'12	3'60	2'51	2'09	2'60	2'75	3'25	3'56	3'74	4'38	37'72
United Provinces of Agra and Oudh		3'17	3'18	4'97	5'40	4'41	3'27	2'89	2'42	2'87	3'28	3'48	4'10	43'46
Punjab ...		3'86	4'35	7'69	11'95	12'24	4'93	2'59	1'93	2'48	3'02	3'23	3'82	62'10
North-West Frontier Province		4'54	3'48	3'10	2'25	2'51	2'90	2'21	2'11	2'30	2'57	3'36	3'78	35'12
Ajmer-Merwara		3'05	2'45	2'88	2'19	2'42	2'04	1'59	1'76	2'50	2'63	2'57	3'54	29'63
Central Provinces and Berar		3'15	3'33	3'77	2'86	2'80	2'79	2'73	3'92	4'73	4'65	3'69	3'28	41'70
Bombay Presidency		3'03	2'70	3'13	2'41	2'14	2'00	2'46	3'00	3'34	3'41	2'67	2'53	32'82
Coorg ...		2'12	2'10	3'38	3'01	3'90	4'19	3'59	2'92	2'88	2'19	2'21	2'67	35'15
Madras Presidency		2'3	1'9	1'7	1'6	1'7	1'7	2'0	2'3	2'1	2'0	2'3	2'7	24'3



STATEMENT I.—Deaths from CHOLERA in the different provinces in India from 1877 to 1907.

Appendix A to Section VI.—Chief Diseases.

YEAR.	Lower Burma.	Upper Burma.†	Assam.	Bengal.*	United Provinces of Agra and Oudh.	Punjab.	(a) North-West Frontier Province.	Ajmer-Merwara.	Central Provinces ¶	Berar.	Bombay.	Coorg.	Madras.	Rajputana.	Central India.	Hyderabad (cantonnement stations).	Mysore.
1877	7,276	...	11,377	155,305	31,770	29	...	11	3,418	842	57,228	1	357,430	60	926	7,414	2,902
1878	6,759	...	6,732	95,192	22,221	215	...	210	40,985	34,306	46,743	49	47,167	2,393	8,047	6,696	723
1879	1,828	...	17,415	130,363	35,892	26,135	...	120	27,575	223	6,937	...	13,296	918	2,734	6	14
1880	2,638	...	2,083	39,643	71,546	274	...	3	330	1	684	...	613	...	299	...	25
1881	5,239	...	5,010	79,180	25,865	5,207	...	16	9,140	3,404	16,694	3	9,446	197	581	1,711	25
1882	7,177	...	21,055	182,352	80,372	39	...	289	11,932	3,573	7,904	31	23,604	1,327	1,562	150	893
1883	2,185	...	14,908	90,439	18,160	190	...	87	16,235	27,897	37,954	...	36,284	797	1,740	1,947	124
1884	5,515	...	22,276	134,421	30,143	614	...	227	149	87	13,804	...	75,476	1,297	1,018	2,479	330
1885	7,685	...	7,753	173,767	63,457	1,936	...	100	21,868	3,683	37,287	...	58,109	1,615	4,624	1,337	2,677
1886	4,027	...	20,188	118,368	34,565	12	...	765	16,679	976	167	...	12,417	173	290	499	10
1887	2,649	...	7,941	172,578	200,628	8,804	...	384	12,576	14,356	25,711	3	28,359	2,612	8,868	2,811	832
1888	15,982	...	9,693	111,391	18,704	14,938	...	13	921	305	36,500	2	58,677	32	191	2,057	1,015
1889	3,240	...	18,288	171,103	48,494	2,838	...	55	52,588	10,925	32,431	9	76,020	6,923	3,144	1,128	1,590
1890	1,076	...	15,396	145,835	80,295	3,401	...	408	4,787	847	3,259	5	35,288	2,746	3,132	...	1,326
1891	2,400	...	23,882	229,575	169,013	10,107	...	532	21,312	7,958	17,850	7	98,773	2,946	13,474	3,102	1,204
1892	6,208	...	21,552	259,398	194,886	75,959	...	2,352	39,972	2,030	42,900	58	79,033	26,760	8,334	53	5,497
1893	2,393	...	21,849	126,976	12,154	639	...	3	557	1,188	18,853	9	32,209	314	127	165	680
1894	7,428	...	13,497	236,150	178,079	113	...	...	7,043	3,452	33,583	8	42,289	2	5,210	1,662	328
1895	5,150	...	18,962	177,087	51,562	549	...	289	15,506	11,919	8,890	...	21,172	1,047	6,043	467	2,334
1896	2,959	...	17,042	226,824	69,147	5,116	...	12	52,985	12,264	35,404	49	47,847	3,797	15,766	525	2,100
1897	8,538	...	33,240	196,247	44,208	622	...	19	57,131	10,122	57,109	106	143,445	1,496	13,202	1,039	4,248
1898	2,972	...	11,149	65,020	2,508	338	...	1	7	...	4,368	8	65,444	6	2	6	1,193
1899	4,042	2,050	8,380	107,678	8,142	1,816	...	1	761	541	8,579	...	29,082	498	...	...	123
1900	3,440	41	23,761	345,878	84,960	28,260	...	4,842	63,114	18,375	163,889	...	60,662	28,719	20,450	3,813	779
1901	3,552	1	7,168	110,753	53,995	180	117	50	49	17	13,600	58	81,370	6	72	1	11,351
1902	1,844	57	12,658	150,971	25,160	371	...	32	28	16	3,230	...	29,769	1,519	12	...	218
1903	5,346	2,887	8,360	203,405	47,159	14,688	1,354	...	437	...	1,825	...	27,393	236	1,110	...	98
1904	2,472	508	5,588	137,701	6,617	716	1	...	2,067	...	13,156	...	23,109	1	150	...	471
1905	3,511	1,836	142,312**	146,339	121,790	2,197	300	...	1,217	...	5,396	...	16,888	3	27	64	626
1906	5,529	2,343	108,278	192,596	149,549	4,232	...	284	38,768	...	46,119	10	142,811	4,714	10,147	1,061	7,223
1907	7,964	414	77,181	205,702	22,438	437	266	1	4,291	...	7,656	187	81,565	64	413	1	4,972

\* Excluding Calcutta from 1877 to 1892.  
† Statistics from 1877 to 1898 not available.  
‡ Statistics not available.  
§ Including 30 deaths in cantonments.  
|| Excluding Zamindaris.  
¶ Including Berar from 1903.  
\*\* Eastern Bengal and Assam.  
(a) 1877-1900 included in the Punjab.



STATEMENT II.—Deaths from CHOLERA in British Provinces, by months, during the year 1907.

Province.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.	RATIO PER 1,000 OF POPULATION.	
														1907.	1906.
Burma { Lower ...	450	716	1,664	1,139	922	283	192	263	370	434	539	992	7,964	1'43	'99
Burma { Upper ...	119	24	4	28	21	7	1	1	1	11	132	65	414	'14	'80
Eastern Bengal and Assam.	11,645	8,675	10,902	11,078	3,984	1,598	1,872	1,101	1,311	4,780	9,963	10,272	77,181	2'58	3'63
Bengal ...	15,931	17,547	16,056	16,026	9,796	9,860	12,645	20,706	25,564	21,670	18,216	21,685	205,702	4'07	3'81
United Provinces of Agra and Oudh.	717	895	797	1,172	630	1,437	1,682	1,459	3,700	5,712	3,110	1,127	22,438	'47	3'14
Punjab ...	...	...	2	...	11	62	34	31	154	58	79	6	437	0'02	0'21
North-West Frontier Province.	...	...	...	...	...	...	1	...	38	165	62	...	266	0'14	...
Ajmer-Merwara	...	...	...	...	...	1	...	...	...	...	...	...	1	'002	'60
Central Provinces and Berar.	46	354	250	29	19	5	79	1,224	1,570	667	41	7	4,291	0'36	3'26
Bombay Presidency.	190	110	443	470	399	661	2,580	1,750	607	235	121	90	7,656	'41	2'50
Coorg ...	3	4	75	29	33	25	...	...	...	...	1	17	187	1'04	'06
Madras Presidency.	8,234	6,426	3,600	2,872	3,337	4,385	5,947	10,872	8,771	4,371	8,819	13,931	81,565	2'2	3'9
Total ...	37,335	34,751	33,793	32,843	19,152	18,324	25,033	37,407	42,086	38,103	41,083	48,192	408,102	1'81	3'05

STATEMENT III.—Details of the distribution and occurrence of CHOLERA during the year 1907.

Province.			Mortality in 1907.	Mean mortality of previous 5 years.	Urban mortality.	Rural mortality.	Percentage of villages attacked.	Maximum mortality in any one district excluding towns.	Maximum mortality in any one town.	Month of maximum mortality.
Burma	Lower ...	...	1'43	'67	3'55	1'12	10'68	3'62	14'42	March.
	Upper ...	...	'14	'53	'35	'12	0'87	'52	9'79	November.
Eastern Bengal and Assam ...			2'58	2'77	2'85	2'58	13'97	8'79	9'79	January.
Bengal ...			4'07	2'75	4'63	4'03	18'81	15'61	44'15	September.
United Provinces of Agra and Oudh ...			'47	1'47	'41	'47	2'38	4'57	5'93	October.
Punjab ...			0'02	0'22	0'12	0'01	0'20	0'08	4'41	September.
North-West Frontier Province			0'14	0'17	0'27	0'13	0'91	0'91	2'54	October.
Ajmer-Merwara ...			'002	'13	'01	...	0'14	...	'05	June.
Central Provinces and Berar			0'36	0'73	0'38	0'36	1'44	1'32	6'94	September.
Bombay Presidency			'41	'75	'80	'35	2'81	1'38	39'96	July.
Coorg ...			1'04	'01	'39	1'09	...	2'41	1'40	March.
Madras Presidency			2'2	1'3	2'2	2'2	14'87	8'7	28'7	December.



TABLE I.—Small-pox mortality.

PROVINCES, DISTRICTS, TOWNS.	Lower Burma.	Upper Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Ajmer-Merwara.	Central Provinces and Berar.	Bombay Presidency.	Coorg.	Madras Presidency.	Registration India.
I.—Mortality by Provinces :—													
A.—Deaths by months :—													
January ... ..	146	110	614	3,214	801	1,041	75	15	307	184	9	2,052	7,568
February ... ..	125	116	789	3,401	919	919	68	24	252	240	10	2,211	8,074
March ... ..	163	169	1,032	3,481	1,557	983	24	44	249	328	32	2,454	10,516
April ... ..	260	304	1,353	5,293	3,782	946	17	97	410	373	40	2,043	13,918
May ... ..	276	236	1,199	4,335	3,482	1,176	17	117	467	243	21	1,811	13,380
June ... ..	187	175	1,039	3,711	3,634	1,341	54	56	498	177	16	1,780	12,568
July ... ..	142	115	775	2,267	3,073	1,175	79	11	367	113	6	1,699	9,822
August ... ..	80	53	441	954	1,533	685	67	5	262	49	7	1,756	5,892
September ... ..	74	26	330	609	594	378	37	2	128	37	19	1,754	3,988
October ... ..	22	14	241	514	448	328	32	...	119	21	17	1,571	3,327
November ... ..	41	12	313	838	982	617	109	24	242	28	20	1,635	4,861
December ... ..	16	20	567	2,449	2,840	1,493	190	102	525	69	14	1,789	10,074
Total ... ..	1,532	1,350	8,693	29,066	22,645	11,082	769	497	3,826	1,862	211	22,455	103,988
B.—Annual death ratios :—													
Ratio per 1,000 of population 1907.	28	46	29	57	47	055	040	104	032	10	117	06	046
Ratio per 1,000 of population 1906.	142	22	23	43	28	066	057	57	083	22	130	08	048
Difference ... ..	—114	+24	+06	+14	+19	—11	—17	+47	—51	—12	—13	—2	—02
Mean ratio per 1,000 during 1902-1906	63	19	28	44	21	055	074	29	045	33	49	05	039
Difference ... ..	—35	+27	+01	+13	+26	...	—34	+75	—13	—23	+68	+1	+007
II.—District mortality excluding towns :—													
Number of districts affected ...	14	9	22	32	45	29	4	16	23	19	5	22	240
Highest district ratio ...	127	229	344	307	215	171	090	354	268	150	365	29	365
Name of that district ... ..	Akyab	Pakokku	Kamrup	Puri	Partabgarh.	Gurgaon	Peshawar	Pohkar	Mandla	Kanara	Mercara	North Arcot.	Mercara.
Lowest district ratio ... ..	01	07	002	04	01	001	002	05	002	00	03	01	00
Name of that district ... ..	Henzada	Shwebo	Cachar	Khulna	Cawnpore	Dera Ghazi Khan	Kohat	Nasirabad	Burhanpur.	Hyderabad.	Kilgattnad	Ganjam	Hyderabad.
Number of districts without mortality	4	2	None	None	3	None	1	1	1	6	None	None	18
District death rate per 1,000 of population.	30	50	28	54	49	047	039	120	033	10	117	07	046
III.—Town mortality :—													
Number of towns affected ...	12	3	28	103	64	111	4	2	37	18	3	107	492
Highest town ratio ... ..	232	211	915	1391	255	1470	329	123	413	274	193	43	1470
Name of that town ... ..	Gyobingauk.	Myingyan	Barpeta	Deoghur	Sahaswan.	Narowal	Buffa	Ajmer Town.	Mehkar	Ratnagiri	Mercara	Chittoor	Narowal.
Lowest town ratio ... ..	05	10	05	03	01	002	004	73	003	01	57	001	001
Name of that town ... ..	Rangoon	Pakokku	Brahmanbaria.	Barbhanga.	Agra	Delhi.	Dera Ismail Khan.	Ajmer Suburb.	Akola	Hyderabad.	Somwarpet.	Calicut	Agra.
Number of towns without mortality	28	14	26	25	42	33	7	4	67	45	2	125	418
Town death rate per 1,000 of population.	09	18	43	104	20	130	055	62	020	08	117	02	047
IV.—Infantile mortality :													
Children under one year ...	147	62	1,514	5,074	7,673	2,756	93	150	1,302	356	...	7,999	27,26
Children 1—10 years ... ..	568	200	3,435	11,748	11,589	6,481	573	346	1,512	619	...	8,285	45,356
Percentage of children in total small-pox mortality.	4667	1941	5693	5788	8506	8335	8661	9980	7355	5236	...	7252	6970



TABLE II.—Fever mortality.

PROVINCES, DISTRICTS, TOWNS.	Lower Burma.	Upper Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Ajmer-Merwara.	Central Provinces and Berar.	Bombay Presidency.	Coorg.	Madras Presidency.	Registration India.
I.—Mortality by Provinces.													
A.—Deaths by months.													
January ... ..	6,095	2,646	65,241	99,658	105,760	40,603	7,397	1,311	15,410	31,281	317	27,279	4,03,003
February ... ..	4,998	1,890	47,586	84,496	92,999	32,647	5,491	940	15,752	24,633	292	22,111	3,33,835
March ... ..	3,990	1,859	49,058	84,093	1,19,399	34,479	4,791	1,132	16,485	25,495	418	21,255	3,62,459
April ... ..	4,082	1,804	55,227	95,522	1,12,362	23,153	3,373	742	14,124	19,437	379	20,184	3,55,389
May ... ..	3,439	1,390	45,223	78,147	1,12,514	29,781	3,442	804	15,754	18,573	492	21,424	3,30,983
June ... ..	4,111	1,516	41,318	66,458	110,638	29,775	3,821	756	16,545	16,492	559	21,005	3,13,024
July ... ..	5,003	1,878	48,597	80,140	100,533	27,490	3,054	610	14,514	18,240	533	23,914	3,24,511
August ... ..	5,218	1,574	39,193	81,745	83,191	22,105	3,028	665	19,282	19,591	427	25,984	3,02,003
September ... ..	4,710	1,463	44,470	93,168	101,486	30,383	3,458	942	22,727	20,714	442	23,729	3,52,692
October ... ..	4,387	1,522	51,983	119,521	121,645	38,606	3,756	992	24,866	21,827	315	24,454	4,13,874
November ... ..	4,883	1,891	60,925	134,078	133,543	41,759	5,040	947	20,660	21,634	317	24,698	4,50,375
December ... ..	6,350	2,516	82,376	149,509	156,330	49,695	5,710	1,276	17,789	22,412	377	28,393	5,22,733
Total ... ..	57,266	21,979	631,197	1,171,540	1,350,405	405,481	52,361	11,117	213,908	260,329	4,868	284,430	44,64,881
B.—Annual death ratios.													
Ratio per 1,000 of population 1907.	10.28	7.53	21.17	23.18	28.31	20.16	27.44	23.31	18.00	14.09	26.95	73	19.76
Ratio per 1,000 of population 1906	9.77	7.34	21.65	22.41	27.62	20.28	26.14	25.77	18.95	14.86	23.62	8	19.69
Difference ... ..	+5.1	+1.9	—4.8	+7.7	+6.9	—1.2	+1.30	—2.46	—9.5	—7.7	+3.33	—2	+0.07
Mean ratio per 1,000 during 1902-06...	9.52	7.02	23.01	21.86	26.12	21.27	22.83	23.83	16.34	14.09	23.35	7.9	19.19
Difference ... ..	+7.6	+5.1	—1.84	+1.32	+2.19	—1.11	+4.61	—5.2	+1.66	...	+3.60	—1	+5.7
II.—District mortality excluding towns													
Number of districts affected ...	18	11	22	32	48	29	5	17	24	25	5	22	258
Highest district ratio ...	16.86	13.11	39.40	38.39	50.17	29.99	4.24	41.34	31.64	26.55	35.95	19.1	50.17
Name of that district ...	Prome	Mandalay	Dinajpur	Birbhum	Saharanpur.	Karnal	Dera Ismail Khan.	Goella	Damoh	Sukkur	Padinalknad.	Ganjam	Saharanpur.
Lowest district ratio ...	2.85	3.88	9.49	7.90	15.41	4.24	25.89	15.01	7.67	5.90	20.73	.7	.7
Name of that district ...	Maubin	Myingyan	Sylhet	Purl	Ballia	Simla.	Peshawar	Todgarh	Buldana	Belgaum	Yedenalknad.	Salem	Salem.
Number of districts without mortality	None	None	None	None	None	None	None	None	None	None	None	None	None
District death rate per 1,000 of population.	10.97	8.03	21.37	23.94	28.44	20.28	28.25	23.44	18.84	14.82	27.84	8.1	20.34
III.—Town mortality.													
Number of towns affected ...	40	17	54	128	106	144	11	6	104	63	5	229	907
Highest town ratio ...	16.60	7.88	35.33	46.08	82.06	46.33	38.27	41.77	26.49	33.63	33.13	26.6	82.06
Name of that town ...	Mergui	Sagaing	Sherpur	Murshidabad.	Deoband	Faridabad	Buffa	Beawar	Pachmarhi	Umarkot	Fraserpet	Brungavaapukota.	Deoband.
Lowest town ratio ...	1.62	1.05	2.82	1.68	5.98	2.84	5.45	11.91	1.19	1.71	1.87	0.1	0.1
Name of that town ...	Henzada	Myingyan	Maulvi Bazar	Budge Budge	Bansdih	Khangah Dogran	Tank	Nasirabad	Sehora	Athni	Viranjendrapet.	Cuddalore	Cuddalore.
Number of towns without mortality.	None	None	None	None	None	None	None	None	None	None	None	3	3
Town death rate per 1,000 of population.	5.60	3.60	11.99	11.91	26.61	19.17	19.09	22.97	10.69	8.46	17.31	5.7	13.26



TABLE NO. III—Dysentery and Diarrhœa mortality.

PROVINCES, DISTRICTS AND TOWNS.	Lower Burma.	Upper Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces of Agra and Oudh.	Punjab.	North-West Frontier Province.	Ajmer-Merwara.	Central Provinces and Berar.	Bombay Presidency.	Coorg.	Madras Presidency.	Registration India.
<b>I.—Mortality by Provinces.</b>													
<b>A.—Deaths by months.</b>													
January ...	593	102	2,392	4,940	1,734	1,222	75	34	2,269	3,158	7	5,468	21,994
February ...	731	87	1,639	4,118	1,232	937	44	30	2,193	2,827	10	4,378	18,326
March ...	759	96	1,557	3,644	1,583	949	38	28	2,386	3,331	27	3,710	18,167
April ...	790	82	1,620	3,940	1,777	918	39	39	2,252	3,115	30	3,406	18,008
May ...	783	83	1,667	2,974	2,043	1,433	41	24	2,417	3,639	91	3,783	18,978
June ...	673	92	1,618	2,649	2,498	1,480	63	27	2,389	3,998	87	3,881	19,460
July ...	937	210	1,599	3,708	2,336	1,104	28	13	3,250	5,818	44	5,108	24,155
August ...	1,012	142	1,439	4,488	1,986	1,013	49	29	6,494	8,227	17	6,241	31,137
September ...	784	144	1,482	6,208	1,942	1,448	44	101	8,098	6,610	11	5,339	32,211
October ...	627	109	1,789	5,127	1,899	1,759	55	87	7,126	5,215	14	4,853	28,670
November ...	564	114	1,904	4,129	1,608	1,515	45	38	4,608	3,986	9	6,162	24,682
December ...	689	114	1,757	5,745	1,681	1,263	33	44	3,328	3,784	28	7,997	26,463
Total ...	8,947	1,375	20,463	51,670	22,368	15,091	554	494	46,820	53,708	375	60,326	2,82,191
<b>B.—Annual death ratios.</b>													
Ratio per 1,000 of population 1907 ...	1'61	'47	'68	1'02	'47	0'75	0'29	1'04	3'94	2'91	2'08	1'7	1'25
Ratio per 1,000 of population 1906 ...	1'65	'68	'90	'96	'55	0'87	0'29	1'18	3'58	3'34	'78	1'7	1'32
Difference ...	—'04	—'21	—'22	+ '06	—'08	—'12	...	—'14	+ '36	—'43	+1'30	...	—0'07
Mean ratio per 1,000 during 1902-06 ...	1'45	'41	'71	'93	'61	0'74	0'31	'96	2'70	3'17	'63	1'3	1'16
Difference ...	+ '16	+ '06	—'03	+ '09	—'14	+ '1	—'2	+ '08	+1'24	—'26	+1'45	+ '4	+ '09
<b>II.—District Mortality excluding towns:—</b>													
Number of districts affected	18	11	22	32	48	29	5	9	24	25	5	22	250
Highest district ratio ...	3'84	'59	5'93	4'89	9'45	2'39	0'88	'28	15'07	10'28	4'08	5'7	15'07
Name of that district ...	Mergui	Pakokku	Lakhimpur	Puri	Gathwal	Rawalpindi.	Dera Ismail Khan	Pohkar	Akola	East Khandesh	Kiggaknad.	The Nilgiris	Akola
Lowest district ratio ...	'49	'04	'01	'02	'04	0'14	0'04	'07	0'15	'02	.41	0'2	'01
Name of that district ...	Tharrawaddy	Kyaukse	Dinajpur	Champaran	Bahraich	Muzaffargarh	Peshawar	Masuda	Bhandara	Larkhana	Mercara	Vizagapatam	Dinajpur.
Number of districts without mortality.	None	None	None	None	None	None	None	8	None	None	None	None	8
District death rate per 1,000 of population.	1'30	'32	'66	'90	'35	0'61	0'21	'06	3'96	2'81	1'64	1'4	1'11
<b>III.—Town mortality—</b>													
Number of towns affected ...	39	16	52	123	95	139	10	4	104	63	3	208	856
Highest town ratio ...	7'05	3'03	8'01	9'95	6'46	7'54	4'54	8'36	16'09	10'89	17'28	10'8	17'28
Name of that town ...	Insein	Taungd-wingyi	North Lakhimpur	Lohardaga	Benares.	Sadhaura	Tank	Ajmer Suburb	Ner Pinglai.	Padhar-pur	Virajendrapet	Sriperumbudur	Virajendrapet
Lowest town ratio ...	'11	'15	'14	'17	'04	0'21	0'17	'43	0'18	'16	'57	0'1	0'1
Name of that town ...	Letpadan	Pokokku	Bogra	Meherpur	Bahraich	Hafzabad	Kohat	Kekri	Ratanpur	Viramgam	Somwarpet	Bobbili	Bobbili
Number of towns without mortality.	1	1	2	5	11	5	1	2	None	None	2	24	54
Town death rate per 1,000 of population.	3'68	1'63	1'88	2'73	1'97	2'00	1'13	3'63	3'75	3'29	6'75	3'5	2'85



TABLE IV.—Plague Mortality.

PROVINCE OR STATE.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	September.	December.	TOTAL.	
														1907.	1906.
British Provinces :—															
Burma	Lower ...	453	709	918	1,009	472	554	617	406	272	167	134	261	5,972	5,223
	Upper ...	1,275	1,161	510	57	6	1	8	34	40	7	45	133	3,277	3,414
Eastern Bengal and Assam		...	4	...	4	...	...	...	...	...	...	...	...	8	74
Bengal ...		5,501	10,949	23,970	30,970	8,078	894	306	448	486	313	468	1,219	83,602	59,619
United Provinces of Agra and Oudh.		21,209	36,677	87,243	109,619	61,936	7,357	358	310	622	680	863	1,983	328,862	69,660
Punjab ...		17,633	36,973	100,419	194,758	195,708	50,550	7,535	879	731	1,151	1,245	1,103	608,685	91,712
North-West Frontier Province.		...	...	3	42	419	684	270	41	2	14	29	43	1,547	41
Ajmer-Merwara		...	4	...	...	2	...	2	2	2	1	...	...	13	68
Central Provinces and Berar		5,333	7,589	11,390	4,727	1,394	55	40	938	3,389	1,580	728	561	37,774	18,121
Bombay ...		5,782	8,078	12,522	7,376	2,368	1,110	2,613	6,714	16,578	18,656	8,009	3,803	93,609	51,525
Coorg ...		...	...	...	...	...	...	...	...	1	1	...	...	2	...
Madras Presidency		84	105	76	45	23	41	91	232	792	578	400	405	2,872	898
Total	1907 ...	57,320	102,249	237,051	348,607	270,406	61,246	11,840	10,004	22,915	23,148	11,921	9,516	1,166,223	...
	1906 ...	17,417	29,888	56,933	70,258	38,655	4,371	2,154	5,181	12,613	15,319	17,122	30,444	...	300,355
Native States, etc. :—															
Eastern Bengal and Assam Native States.		...	...	...	...	...	7	...	...	...	...	...	...	7	...
United Provinces of Agra and Oudh.		...	...	...	...	...	...	...	...	...	...	...	...	185*	...
Punjab Native States		1,827	5,283	10,214	17,697	21,604	3,666	725	...	74	241	286	214	61,231	12,748
Jammu and Kashmir States		151	318	980	884	595	54	21	2	1	4	4	3	3,017	2,736
Baluchistan ...		...	...	2	...	2	1	...	...	...	...	...	...	5	7
Rajputana ...		191	286	993	1,122	1,003	287	9	35	324	711	306	554	5,826	1,132
Central India ...		1,628	1,804	1,900	814	160	28	...	136	658	1,142	443	96	8,809	12,055
Native States in Central Provinces.		40	161	54	...	...	...	...	...	...	...	...	...	255	...
Bombay Presidency Native States.		3,467	4,295	5,550	3,287	1,365	719	1,519	4,151	10,330	12,191	5,408	1,904	54,186	22,401
Hyderabad State		123	22	8	114	17	...	41	498	520	921	466	308	3,038	1,250
Mysore ...		413	543	275	200	303	273	691	1,359	2,170	2,315	1,863	1,444	11,854	2,960
Bangalore Civil and Military Station.		97	75	46	25	28	15	37	87	178	241	212	214	1,255	1,077
Madras Native States		...	...	...	...	...	...	...	...	...	...	...	1	1	...
Total	1907 ...	7,937	12,787	20,027	24,143	24,482	5,050	3,043	6,268	14,255	17,766	8,988	4,738	1,49,669	...
	1906 ...	2,195	2,535	5,478	7,070	5,215	1,498	701	2,758	6,737	8,582	6,679	6,918	...	56,366
GRAND TOTAL ...	1907 ...	65,257	1,15,036	2,57,078	3,72,750	2,94,888	66,296	14,883	16,272	37,170	40,914	20,909	14,254	13,15,892	...
	1906 ...	19,612	32,423	62,411	77,328	43,870	5,869	2,855	7,939	19,350	23,901	23,801	37,362	...	356,721
Calcutta City ...		75	102	446	1,550	967	198	61	24	33	24	75	86	3,591	2,606
Bombay City ...		171	591	2,407	1,957	649	118	73	72	118	105	69	49	6,379	10,802
Madras City		...	...	...	...	...	1	...	...	...	1	...	1	3	56

\* Details not available.



TABLE V.—Mortality from Respiratory Diseases.

PROVINCES, DISTRICTS AND TOWNS.	Lower Burma.	Upper Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces, of Agra and Oudh.	Punjab.	North-West Frontier Province.	Ajmer-Merwara.	Central Provinces and Berar.	Bombay Presidency.	Coorg.	Madras Presidency.	Registration India.
<b>I.—Mortality by provinces:—</b>													
<b>A.—Deaths by months:—</b>													
January ... ..	323	222	246	1,623	2,016	5,667	156	37	1,985	5,275	5	2,035	19,610
February ... ..	296	176	280	1,359	1,777	5,634	128	49	2,198	4,937	14	1,852	18,700
March ... ..	309	140	267	1,352	2,326	6,137	173	40	2,446	5,256	6	1,848	20,300
April ... ..	272	130	234	1,293	2,141	4,838	141	30	2,188	4,293	7	1,639	17,206
May ... ..	284	123	184	1,060	2,040	5,590	185	29	2,404	4,233	8	1,834	17,974
June ... ..	268	137	181	777	1,588	4,662	198	17	2,225	3,867	5	1,833	15,758
July ... ..	297	134	186	1,086	1,431	4,337	156	16	2,272	4,428	5	1,957	16,315
August ... ..	374	148	173	985	1,359	3,765	138	15	2,846	5,312	9	2,310	17,435
September ... ..	367	140	213	1,071	1,676	4,349	148	23	3,064	5,045	1	2,154	18,251
October ... ..	338	191	242	1,293	1,479	5,210	151	24	3,378	5,196	8	2,141	19,651
November ... ..	378	127	241	1,412	1,917	6,026	150	43	3,285	4,882	7	2,391	20,860
December ... ..	418	189	305	1,727	2,367	8,141	169	48	3,035	5,344	2	2,614	24,359
Total ... ..	3,924	1,857	2,752	15,039	22,117	64,356	1,893	371	31,327	58,068	77	24,638	225,419
<b>B.—Annual death ratios:—</b>													
Ratio per 1,000 of population 1907.	70	64	69	29	46	320	099	78	264	314	43	07	100
Ratio per 1,000 of population 1906.	72	87	67	25	42	284	069	67	140	328	24	07	089
Difference ... ..	— 02	— 23	+ 02	+ 04	+ 04	+ 36	+ 30	+ 11	+ 124	— 014	+ 19	...	+ 11
Mean ratio per 1,000 during 1902-06.	53	49	65	17	43	295	052	62	...	317	12	04	*
Difference ... ..	+ 17	+ 15	+ 04	+ 12	+ 03	+ 25	+ 47	+ 16	...	— 03	+ 31	+ 3	*
<b>II.—District Mortality excluding towns.</b>													
Number of districts affected ...	18	10	22	31	48	29	5	6	24	25	2	21	242
Highest district ratio ... ..	88	62	133	180	586	1047	111	32	1218	905	23	14	1218
Name of that district ... ..	Tavoy	Lower Chindwin	Lakhimpur.	Puri	Hamirpur	Delhi	Hazara	Dewair	Saugor	Kaira	Mercara	Anantapur	Saugor
Lowest district ratio ... ..	05	04	003	0009	01	007	031	04	001	02	05	0003	0009
Name of that district ... ..	Pegu	Yamethin	Noakhali	Balasore	Gonda	Multan	Bannu	Kekri	Narsinghpur.	Larkhana	Kiggatnad	Nellore	Balasore
Number of districts without mortality.	None	1	None	None	None	None	None	11	None	None	3	1	16
District death rate per 1,000 of population.	30	18	09	17	24	282	062	06	246	223	04	06	075
<b>III.—Town Mortality:—</b>													
Number of towns affected ... ..	31	17	34	96	97	144	11	3	98	61	2	177	771
Highest town ratio ... ..	976	966	140	590	1712	1733	896	515	2149	2026	1214	102	2149
Name of that town ... ..	Bassein	Monywa	Mangaldai	Calcutta	Benares	Dalhausi	Haripur	Ajmer Suburb.	Deori	Ahmednagar.	Virajendrapet.	Coonoor	Deori
Lowest town ratio ... ..	13	23	05	04	05	029	099	300	015	20	267	01	04
Name of that town ... ..	Kyaiklat	Yamethin	Brahmanbaria.	Ranchi	Tanda	Kamalia	Kulachi	Ajmer Town.	Sirasgaon	Umarkot	Mercara	Chicacole	Ranchi
Number of towns without mortality.	9	None	20	32	9	None	None	3	6	2	3	55	139
Town death rate per 1,000 of population.	342	425	17	205	341	665	485	270	420	848	459	14	378

\* Not available.



STATEMENT NO. I.—*Total Primary and Re-vaccinations successful cases among the children, cost of the Special Vaccination Department, etc., during the official year 1907-08.*

PROVINCE.	NUMBER OF PERSONS VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		PERCENTAGE OF SUCCESSFUL CASES* TO TOTAL OPERATIONS.		NUMBER OF CHILDREN SUCCESSFULLY VACCINATED BY THE SPECIAL AND DISPENSARY STAFFS COMBINED.		Average number of operations performed by each vaccinator of the Special Staff.	Total cost of the Special Department.	Average cost of each successful case vaccinated by the Special Department.
	Primary.	Revaccination.	Primary.	Revaccination.	Under one year.	1 to 6 years.			
								Rs.	Rs. a. p.
Burma . . . . .	350,975	55,558	91'86	58'97	82,606	160,070	1,531	1,38,604	0 6 11
Eastern Bengal and Assam . . . . .	1,284,349	74,295	98'23	70'21	378,846	690,595	1,126	1,02,096	0 1 3
Bengal . . . . .	1,848,121†	165,430‡	99'32	72'96	866,068	865,900	1,098	2,23,667	0 1 8
United Provinces of Agra and Oudh . . . . .	1,562,231	139,908	97'85	83'92	958,006	475,548	1,843	1,62,530	0 1 7
Punjab . . . . .	582,455	125,228	99'03	75'91	458,755	94,647	2,655	1,04,112	0 2 7
Forth-West Frontier Province . . . . .	76,349	14,506	99'22	88'18	46,142	17,845	2,748§	12,200	0 2 3
Ajmer-Merwara . . . . .	13,880	695	97'94	67'19	10,455	2,828	972	3,034	0 3 5
Central Provinces and Berar . . . . .	524,599	74,648	98'41	76'36	400,257	96,082	1,997	67,930	0 1 11
Bombay . . . . .	596,663	40,985	96'78	75'86	430,489	93,075	1,477	2,93,941	0 8 6
Coorg . . . . .	8,540	2,610	93'52	79'19	754	4,175	1,211	2,773	0 4 8
Madras . . . . .	1,503,368	124,480	95'61	76'60	565,429	666,387	1,871	2,99,200	0 3 3
Total . . . . .	8,351,530	818,343	97'65	75'45	4,197,807	3,167,152	1,480	1,390,087	0 2 7

\* Excluding those the results of which were not known.

|| Excludes of work done by medical subordinates.

§ Including the vaccinations performed in Cantonments and Political Agencies.

† Excludes 20,169 cases.

‡ „ 24,651 „

In the Patna and Sonepur States reported too late for the provincial report.

STATEMENT NO. II.—*Vaccination operations performed by the Special and Dispensary Establishments separately, deaths from small-pox, etc., during the official year 1907-08.*

PROVINCE.	Population.	NUMBER OF PERSONS VACCINATED (PRIMARY AND REVACCINATIONS COMBINED).			Ratio of successful vaccinations per 1,000 of population.	Percentage of annual estimated births at 40 per 1,000 of population successfully vaccinated	DEATHS FROM SMALL-POX*.	
		By Special Department.	By Dispensary Staff.	Total.			Number.	Ratio per 1,000 of population.
Burma . . . . .	10,477,508	387,402	19,131	406,533	31'90	19'71	2,882	'34
Eastern Bengal and Assam . . . . .	30,788,134	1,338,476†	20,168	1,358,644	42'20	30'76	8,693	'29
Bengal . . . . .	31,075,829	1,882,604	130,947	2,013,551†	37'98	42'39	29,066	'57
United Provinces of Agra and Oudh . . . . .	47,960,667‡	1,700,697	1,442	1,702,139	33'78	49'94	22,645	'47
Punjab . . . . .	20,293,834	706,304	1,379	707,683	31'57	56'51	11,082	'55
North-West Frontier Province . . . . .	2,022,252	90,685	170	90,855	41'98	57'04	769	'40
Ajmer-Merwara . . . . .	476,912	14,575	...	14,575	29'48	54'81	497	1'04
Central Provinces and Berar . . . . .	13,621,559	575,223	24,024	599,247	42'66	73'46	3,826	'32
Bombay . . . . .	21,438,769	636,068§	1,580	637,648§	25'89	50'20	1,862	'10
Coorg . . . . .	180,607	10,904	246	11,150	53'74	10'44	211	1'17
Madras . . . . .	38,227,818	1,627,690	158	1,627,848	38'61	36'98	22,455	0'6
Total . . . . .	236,563,889	8,070,628	199,245	9,169,873	36'07	44'36	103,988	0'46

\* For the calendar year.

† Includes 16,010 persons enumerated at the Ajodhya Fair.

‡ Excludes 44,820 operations in the Patna and Sonepur States received too late for inclusion in the provincial report.

§ Including 811 secondary operations.



STATEMENT NO. III.—The number of persons primarily vaccinated and the number of those who were successfully vaccinated in His Majesty's European and Native Army in India, during 1907.

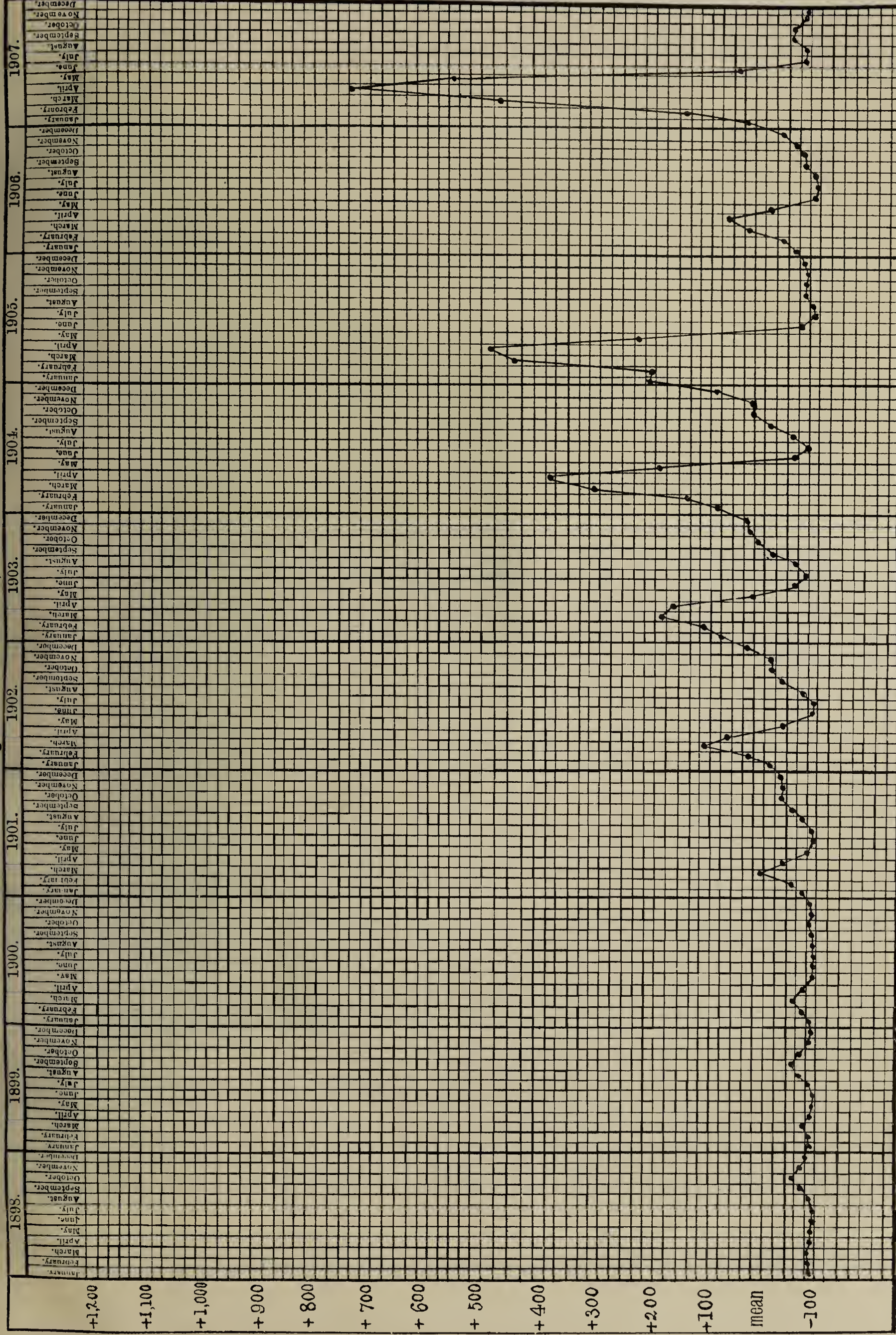
Commands and Divisions.		EUROPEAN ARMY.										NATIVE ARMY.																	
		Officers.		Officers' wives.		Officers' children.		Warrant and Non-Commissioned Officers and men.		Women.		Children.		Total.		European Officers.		European Officers' wives.		European Officers' children.		Native Commissioned Officers and men.		Women.		Children.		Total.	
Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.	Primary.	Successful.
Northern Command	..	..	..	6	6	..	..	..	..	..	..	450	429	456	435	1	1	..	..	10	10	2,656	2,149	188	180	2,332	2,181	5,187	4,521
Western "	..	..	..	10	8	..	..	..	..	..	..	374	220	384	228	..	..	..	..	5	5	2,609	1,449	46	39	2,253	1,676	4,913	3,169
Eastern "	..	..	..	11	11	1	1	..	..	..	..	331	282	343	294	..	..	..	..	3	3	1,589	1,271	238	217	809	729	2,639	2,220
Secunderabad Division	..	..	..	3	3	..	..	..	..	..	..	160	128	163	131	..	..	..	..	2	2	880	460	12	11	462	443	1,356	916
Burma Division	..	..	..	..	..	..	..	..	..	..	..	43	29	43	29	..	..	..	..	..	..	204	125	32	24	213	160	449	309
INDIA	..	..	..	30	28	1	1	..	..	..	..	1,358	1,088	1,389	1,117	1	1	..	..	20	20	7,938	5,454	516	471	6,069	5,189	14,544	11,135







Seasonal incidence of Plague in British India, 1898 to 1907.



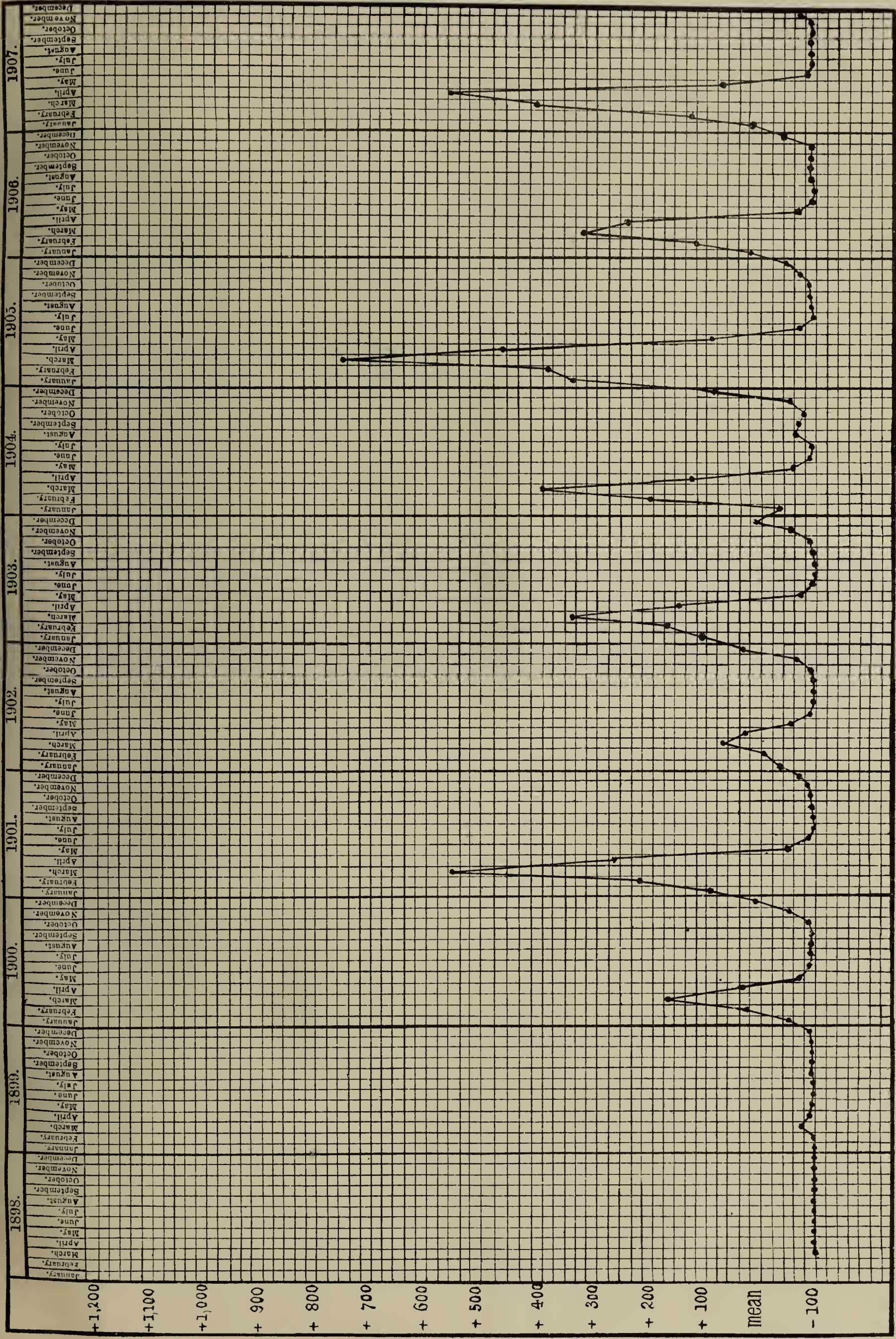
This chart has been prepared as follows :—The mean monthly number of deaths from plague during the period shown was calculated and found to be 41,537. Then, for each month the percentage of deaths above (+) or below (—) the mean was calculated and is shown above.







Seasonal incidence of Plague in Bengal, 1898 to 1907.



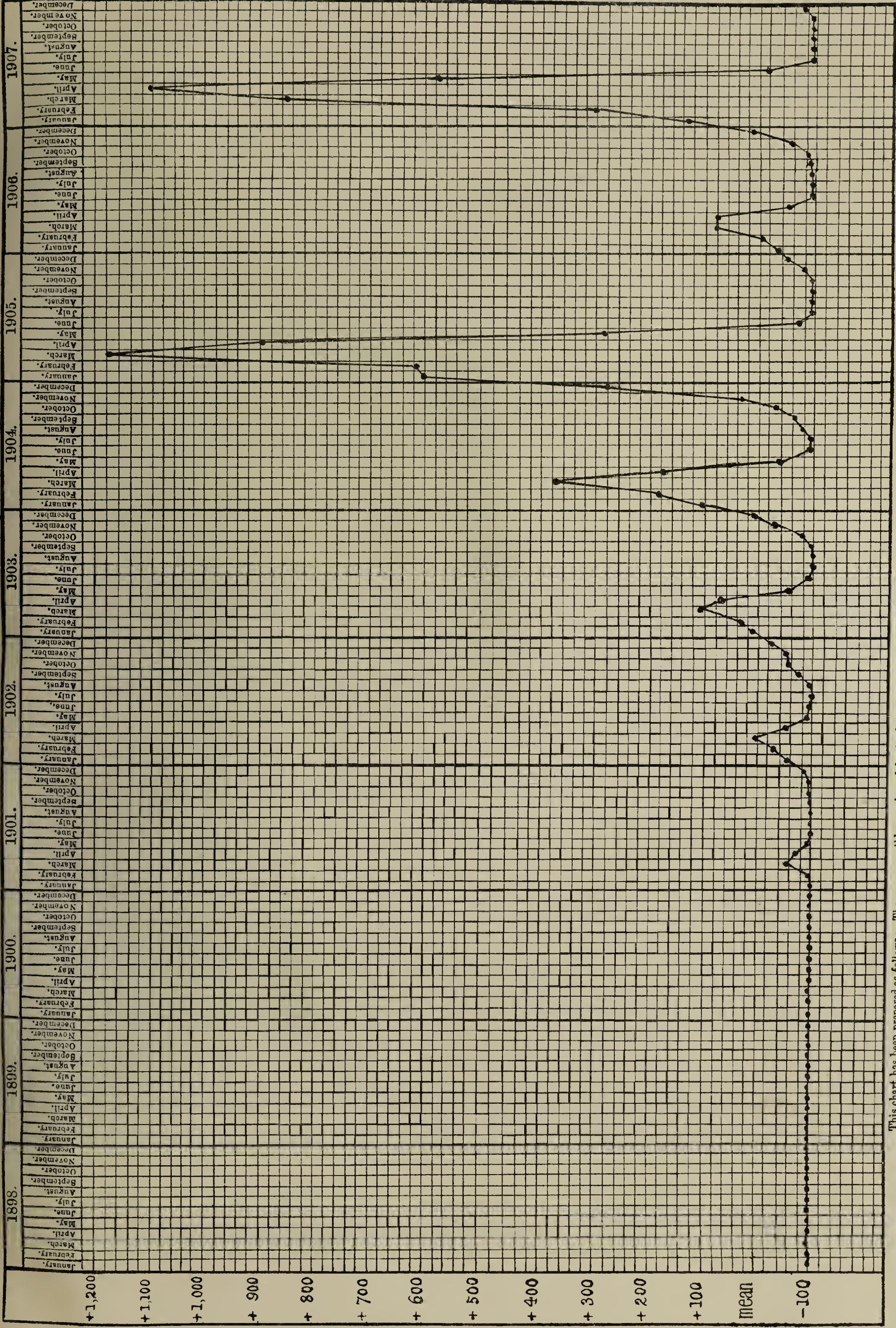
This chart has been prepared as follows:—The mean monthly number of deaths from plague during the period shown was calculated and found to be 4,699. Then, for each month the percentage of deaths above (+) or below (–) the mean was calculated and is shown above.







Seasonal incidence of Plague in the United Provinces, 1898 to 1907.



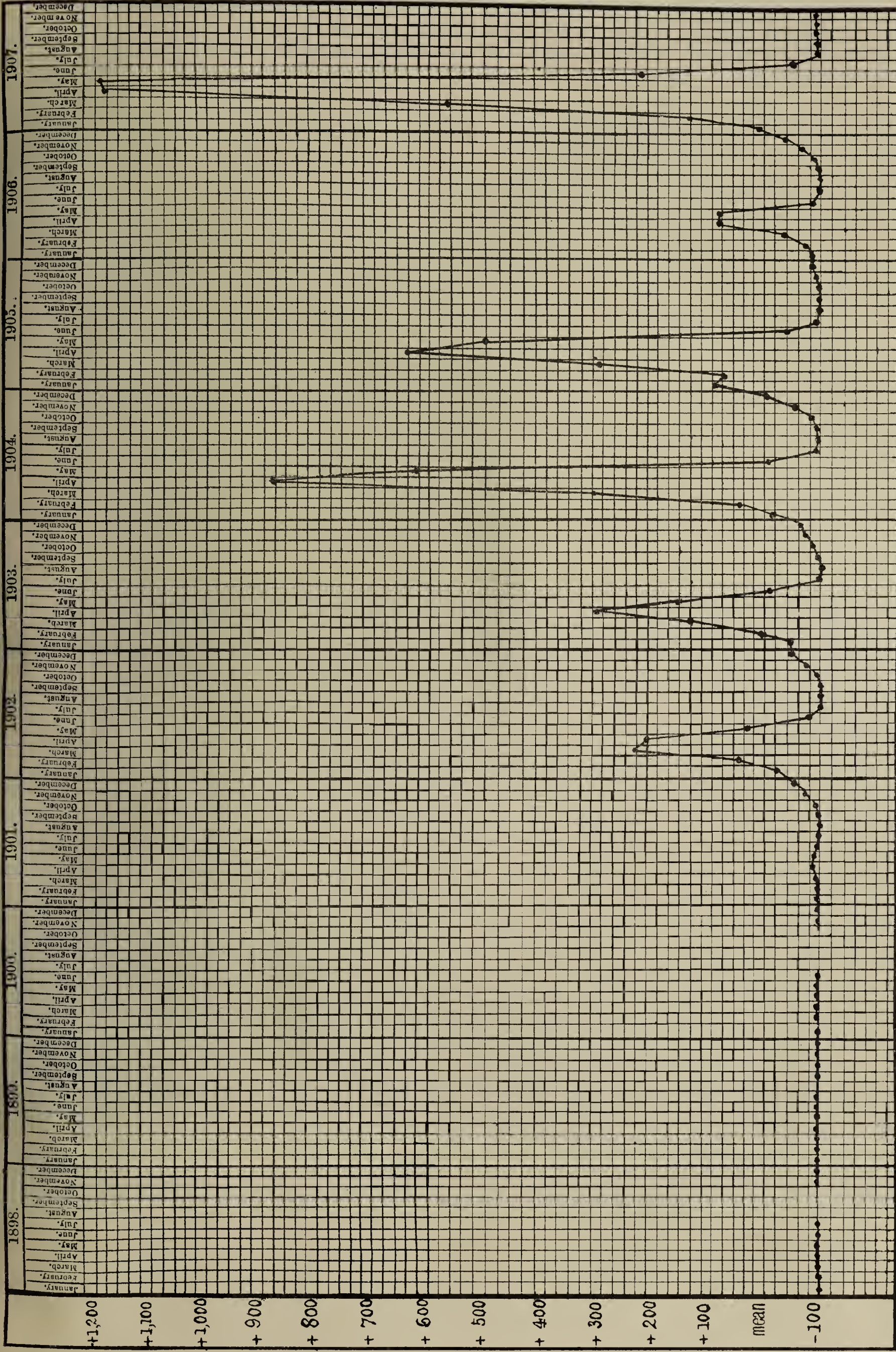
This chart has been prepared as follows :—The mean monthly number of deaths from plague during the period shown was calculated and found to be 9,131. Then, for each month the percentage of deaths above (+) or below (—) the mean was calculated and is shown above.







Seasonal incidence of Plague in the Punjab, 1898 to 1907.



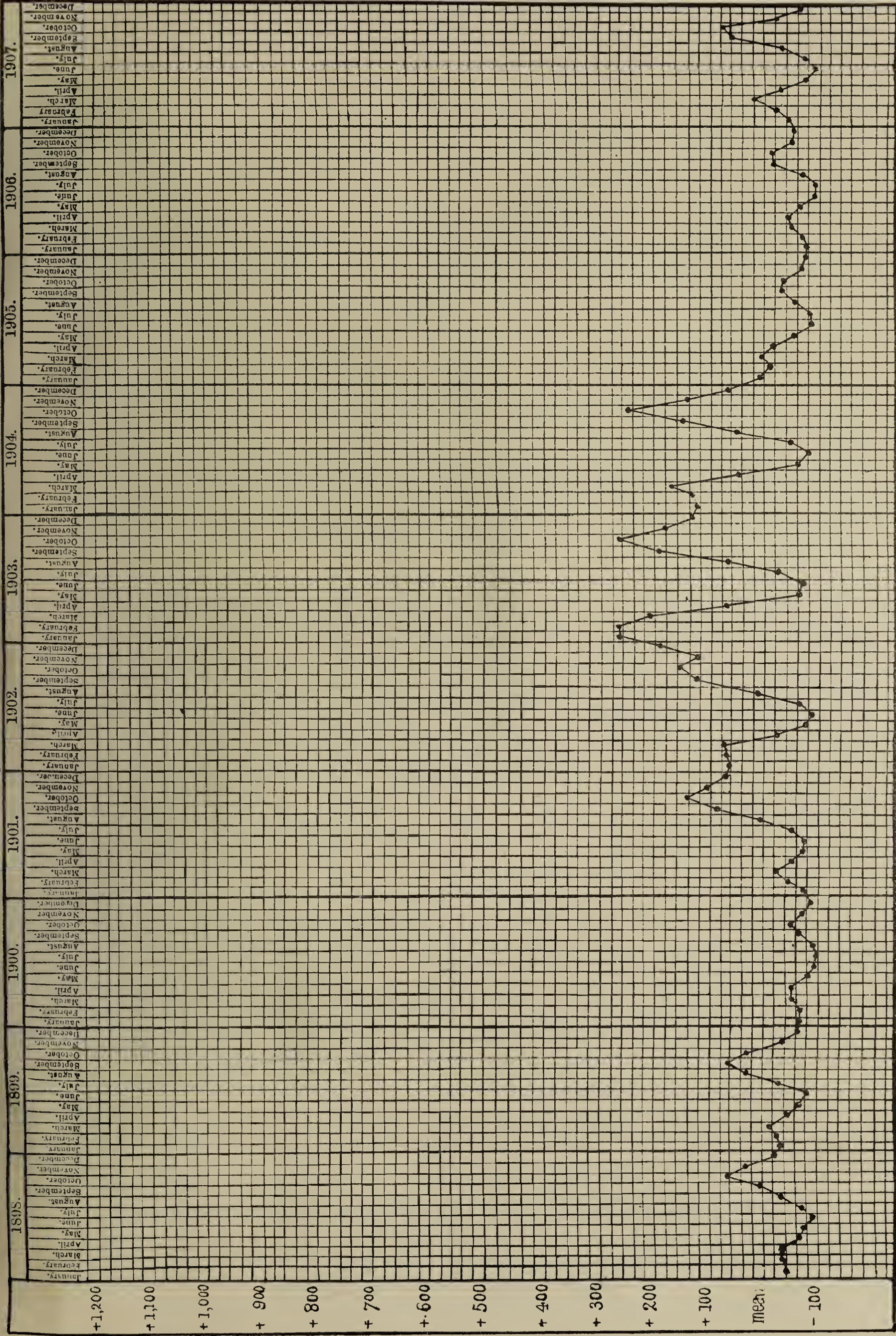
This chart has been prepared as follows :—The mean monthly number of deaths from plague during the period shown was calculated and found to be 15,158. Then, for each month the percentage of deaths above (+) or below (—) the mean was calculated and is shown above.







Seasonal-incidence of Plague in the Bombay Presidency, 1898 to 1907.



This chart has been prepared as follows :—The mean monthly number of deaths from plague during the period shown was calculated and found to be 10, 423. Then, for each month the percentage of deaths above (+) or below (—) the mean was calculated and is shown above.







ANNUAL RETURNS  
OF THE  
EUROPEAN ARMY OF INDIA  
OF THE  
NATIVE ARMY AND OF THE JAIL  
POPULATION

FOR THE YEAR

1907

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COMPILED AND SYSTEMATICALLY ARRANGED FROM THE ORIGINAL DOCUMENTS

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\* Omitted for the present by order of Government.

† Under the orders of the War Office these tables are no longer compiled for India.



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NOTE.—In the tables for European troops, Native troops, and for prisoners, the months mentioned are calendar months.



TABLE G.

*Grouping of Diseases in the Main Tables for 1907.\**

HEAD OF DISEASE.	Includes or includes also.
CHOLERA . . . . .	Choleraic diarrhœa.
HEAT-STROKE . . . . .	Sunstroke and Heat-Apoplexy.
ALCOHOLISM . . . . .	Delirium tremens. Alcoholic Poisoning.
TUBERCLE OF THE LUNGS . . . . .	Tubercular Phthisis, and Hæmoptysis due to tubercle.
OTHER RESPIRATORY DIS- EASES.	Includes Hæmoptysis and Cirrhosis of the lung not due to tubercle, and excludes Pneumonia and Tubercular Phthisis.
ANÆMIA AND DEBILITY . . . . .	Old age (Tables for men and women). Immaturity at birth (Tables for children).
DIARRHŒA . . . . .	Epidemic Diarrhœa.
HEPATIC CONGESTION AND INFLAMMATION.	Congestion of liver, Hepatitis, Perihepatitis ; but excludes Cirrhosis of liver.
VENEREAL DISEASES . . . . .	Syphilis, Gonorrhœa, and Soft Chancre, which include also their sequelæ.
GUINEA-WORM AND . . . . .	} The entozoa numbered from 1 to 56, 67 to 81: also Nos. 105 and 106.
OTHER ENTOZOA . . . . .	
PHAGEDÆNA, SLOUGH, AND GANGRENE.	} Nomenclature of 1896, Nos. 25 <i>a</i> and <i>b</i> , 800, and 847. } These two head- ings appear only in jail tables.
ABSCCESS, ULCER, AND BOIL . . . . .	
ABORTION AND PUERPERAL AFFECTIONS.	Nomenclature of 1896, Nos. 700 and 706 to 718, and any other diseases stated by medical officers to have been puerperal.
OTHER DISEASES PECULIAR TO WOMEN.	Nomenclature of 1896, No. 426, Vomiting of Pregnancy, Nos. 632 to 699, 701 to 705, and 719 to 730.

\*For details of individual diseases, see Table LIII.







**I.—EUROPEAN TROOPS, 1907.**

**A.—MEN.**



# TABLE D.

## STATIONS by ARMIES.

STATIONS.	Height above sea level in feet.*	Authority for height. †	STATIONS.	Height above sea level in feet.*	Authority for height. †	STATIONS.	Height above sea level in feet.*	Authority for height. †
NORTHERN ARMY:—			NORTHERN ARMY:— <i>contd.</i>			SOUTHERN ARMY:— <i>contd.</i>		
Peshawar . . . .	1,165	S. G.	Agra . . . .	554	S. G.	Jhansi . . . .	860	S. G.
Nowshera . . . .	1,100	M. O.	Bareilly . . . .	560	„	Nowgong . . . .	770	I. B.
Rawalpindi . . . .	1,707	S. G.	Shahjehanpur . . . .	507	„	Jubbulpore . . . .	1,306	S. G.
Campbellpore . . . .	1,200	M. O.	Rurki . . . .	884	„	Saugor . . . .	1,753	„
Attock . . . .	1,192	S. G.	Lucknow . . . .	400	„	Poona . . . .	1,909	„
Sialkot . . . .	829	„	Sitapur . . . .	449	„	Kirkee . . . .	1,837	„
Lahore Cantonment . . . .	706	„	Fatehgarh . . . .	444	I. B.	Colaba (Bombay) . . . .	20	„
Fort Lahore . . . .	706	„	Fort William (Calcutta) . . . .	17	S. G.	Deolali Depôt . . . .	1,829	„
Multan . . . .	402	„	Dum-Dum . . . .	...	...	‡ Mount Abu Sanitarium . . . .	3,960	„
Ferozepore . . . .	645	„	Barrackpore . . . .	24	S. G.	‡ Pachmarhi „ . . . .	3,481	„
Jullundur . . . .	900	„	Dinapore . . . .	171	„	‡ Purandhar „ . . . .	4,560	„
Amritsar . . . .	756	„	Allahabad . . . .	298	„	‡ Khandalla „ . . . .	2,000	M. O.
Ambala . . . .	902	„	Benares . . . .	256	„	Ahmednagar . . . .	2,125	S. G.
‡ Cherat . . . .	4,546	„	Cawnpore . . . .	417	„	Belgaum . . . .	2,473	„
‡ Khairagali . . . .	7,678	„	Fyzabad . . . .	336	„	Aden . . . .	26	„
‡ Baragali . . . .	7,800	M. O.	‡ Lebong . . . .	6,000	I. B.	Secunderabad . . . .	1,732	„
‡ Kuldanna . . . .	7,049	S. G.	‡ Ranikhet . . . .	5,983	S. G.	Bellary . . . .	1,483	„
‡ Kalabagh . . . .	7,936	I. B.	‡ Chaubattia . . . .	6,942	„	Bangalore . . . .	3,021	„
‡ Gharial . . . .	6,811	S. G.	‡ Chakrata . . . .	6,885	„	Madras . . . .	15	„
‡ Barian Camp . . . .	7,133	I. B.	‡ Landour Convalescent Depôt . . . .	7,362	„	St. Thomas' Mount . . . .	250	„
‡ Upper Topa . . . .	7,000	M. O.	‡ Naini Tal „ „ . . . .	6,400	„	Cannanore . . . .	47	„
‡ Lower Topa . . . .	7,320	I. B.	‡ Darjeeling „ „ . . . .	7,168	„	Calicut . . . .	27	M. D.
‡ Khan Spur . . . .	7,500	M. O.				Malapuram . . . .	500	M. O.
‡ Dagshai . . . .	5,982	S. G.	SOUTHERN ARMY:—			‡ Wellington . . . .	6,160	S. G.
‡ Solon . . . .	5,166	„	‡ Quetta . . . .	5,511	S. G.	Poonamalee Depôt . . . .	50	M. O.
‡ Subathu . . . .	4,124	„	Karachi . . . .	28	„	Fort Dufferin (Mandalay) . . . .	249	S. G.
‡ Jutogh . . . .	6,371	„	Hyderabad (Sind) . . . .	134	I. B.	Shwebo . . . .	600	M. O.
‡ Murree Convalescent Depôt . . . .	7,250	„	Mhow . . . .	1,903	S. G.	Bhamo . . . .	351	S. G.
‡ Dalhousie „ „ . . . .	6,732	„	Indore . . . .	1,806	„	Meiktila . . . .	860	„
‡ Kasauli „ „ . . . .	6,320	„	Kampti . . . .	930	„	Thayetmyo . . . .	145	„
Meerut . . . .	739	„	Nasirabad . . . .	1,461	„	Rangoon . . . .	14	„
Delhi . . . .	715	„	Neemuch . . . .	1,613	„	Port Blair . . . .	85	„
Muttra . . . .	576	„				‡ Maymyo . . . .	3,508	„

\* These heights are usually those of the survey-marks or of the mercury-surface in barometer-cisterns of meteorological observatories.

† S. G. = Surveyor-General of India; I. B. = Intelligence Branch of the Division of the Chief of the Staff; M. D. = Meteorological Department; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

‡ These are the official "Hill Stations."



## TABLE I.

## RATIOS OF ARMIES.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

					RATIOS PER 1,000 OF THE AVERAGE STRENGTH.		
					Northern Army.	Southern Army.	India.*
I.—STRENGTH . . . . .					36,551	31,026	69,332
II.—† CONSTANTLY-SICK RATE OF EACH MONTH—							
January . . . . .					58'4	58'9	55'1
February . . . . .					46'9	56'9	49'8
March . . . . .					40'8	48'6	43'6
April . . . . .					38'0	45'8	40'7
May . . . . .					40'4	45'7	42'4
June . . . . .					40'6	45'7	42'9
July . . . . .					45'6	48'7	47'0
August . . . . .					47'8	52'8	50'0
September . . . . .					47'9	52'7	49'8
October . . . . .					46'6	50'0	47'3
November . . . . .					52'8	46'6	46'4
December . . . . .					45'9	43'5	42'2
OF THE YEAR . . . . .					45'7	49'6	46'4
III.—ADMISSION RATE OF THE YEAR—							
Influenza . . . . .					21'9	1'9	12'5
Cholera . . . . .					1	0	0
Small-pox . . . . .					5	3	4
Enteric Fever . . . . .					12'2	14'2	13'1
Intermittent Fever . . . . .					159'2	144'7	152'0
Remittent Fever . . . . .					1'5	2'2	1'8
Simple Continued Fever . . . . .					32'0	43'8	36'8
Tubercle of the lungs . . . . .					1'9	1'4	1'6
Pneumonia . . . . .					3'0	2'6	2'8
Other Respiratory Diseases . . . . .					22'9	21'1	21'9
Dysentery . . . . .					8'5	15'8	11'7
Diarrhœa . . . . .					13'3	16'4	14'6
Hepatic Abscess . . . . .					1'9	2'9	2'4
„ Congestion and Inflammation . . . . .					12'3	9'3	10'8
Venereal Diseases . . . . .					80'1	102'7	89'9
ALL CAUSES . . . . .					743'5	785'7	756'4
IV.—DEATH RATE OF THE YEAR—							
Cholera . . . . .					05	03	03
Small-pox . . . . .					00	03	01
Enteric Fever . . . . .					2'60	3'13	2'77
Intermittent Fever . . . . .					14	13	13
Remittent Fever . . . . .					03	13	07
Simple Continued Fever . . . . .					00	00	00
Heat-stroke . . . . .					68	03	38
Circulatory Diseases . . . . .					44	84	61
Tubercle of the lungs . . . . .					27	13	20
Pneumonia . . . . .					41	29	35
Other Respiratory Diseases . . . . .					11	13	12
Dysentery . . . . .					33	35	33
Diarrhœa . . . . .					00	00	00
Hepatic Abscess . . . . .					90	1'19	1'01
ALL CAUSES . . . . .					8'34	8'32	8'18
V.—PERCENTAGE IN 100 ADMISSIONS—							
Influenza . . . . .					2'95	24	1'65
Cholera . . . . .					01	00	01
Small-pox . . . . .					07	03	06
Enteric Fever . . . . .					1'64	1'81	1'74
Intermittent Fever . . . . .					21'41	18'42	20'10
Remittent Fever . . . . .					20	28	24
Simple Continued Fever . . . . .					4'31	5'57	4'87
Tubercle of the lungs . . . . .					25	18	22
Pneumonia . . . . .					40	34	37
Other Respiratory Diseases . . . . .					3'08	2'69	2'90
Dysentery . . . . .					1'15	2'01	1'55
Diarrhœa . . . . .					1'79	2'09	1'93
Hepatic Abscess . . . . .					25	37	31
„ Congestion and Inflammation . . . . .					1'65	1'18	1'43
Venereal Diseases . . . . .					10'78	13'07	11'89
VI.—PERCENTAGE IN 100 DEATHS—							
Cholera . . . . .					7	4	4
Small-pox . . . . .					00	04	02
Enteric Fever . . . . .					31'1	37'6	33'9
Intermittent Fever . . . . .					1'6	1'6	1'6
Remittent Fever . . . . .					3	1'6	9
Simple Continued Fever . . . . .					00	00	00
Heat-stroke . . . . .					8'2	4	4'6
Circulatory Diseases . . . . .					5'2	10'1	7'4
Tubercle of the lungs . . . . .					3'3	1'6	2'5
Pneumonia . . . . .					4'9	3'5	4'2
Other Respiratory Diseases . . . . .					1'3	1'6	1'4
Dysentery . . . . .					3'9	4'3	4'1
Diarrhœa . . . . .					00	00	00
Hepatic Abscess . . . . .					10'8	14'3	12'3

\* Including troops on the line of march. For complete detail of diseases, see Table LIII.

† Worked on the aggregates.



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## TABLE II.

RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table III. The actuals will be found in Table IV.

	RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	I Burma Coast and Bay Islands.	II Burma Inland.	IV Bengal and Orissa.	V Gange- tic Plain and Chutia Nagpur.	VI Upper Sub- Hima- laya.	VII N.-W. Frontier, Indus Valley, and N.-W. Rajpu- tana.	VIII S.-E. Rajpu- tana, Central India, and Gujarat.	IX Deccan.	X Western Coast.	XI South- ern India.	XIIa Hill Stations.	XIIb Conva- lescent Depôts, and Sanita- ria.	India.*
I.—STRENGTH . . . . .	1,294	1,727	1,953	6,556	13,391	4,621	5,730	10,260	1,372	3,537	11,689	3,515	69,332
I.—†CONSTANTLY-SICK RATE OF EACH MONTH—													
January . . . . .	40.7	59.4	45.3	42.5	56.1	74.6	61.8	58.5	57.0	68.9	55.1	84.9	55.1
February . . . . .	43.3	49.8	58.0	37.2	41.3	69.3	47.3	62.8	56.1	70.6	49.4	69.9	49.8
March . . . . .	43.1	31.1	65.4	39.6	35.5	45.2	43.1	53.6	56.1	61.9	33.7	50.3	43.6
April . . . . .	56.7	31.8	55.4	46.3	35.4	37.5	47.6	45.9	43.5	63.9	24.0	45.3	40.7
May . . . . .	52.2	40.6	40.8	42.4	42.1	49.2	46.9	41.2	51.8	57.9	32.3	49.9	42.4
June . . . . .	38.4	48.2	39.8	43.1	37.1	49.4	39.8	40.9	56.7	54.1	37.9	52.8	42.9
July . . . . .	47.6	40.1	43.6	52.9	45.3	49.4	41.5	45.3	62.8	59.1	38.9	60.0	47.0
August . . . . .	56.3	45.8	55.0	47.6	45.4	54.3	44.3	47.0	59.7	60.2	42.8	70.4	50.0
September . . . . .	47.8	50.5	71.0	45.9	49.5	59.8	44.3	49.2	46.1	61.9	42.1	72.0	49.8
October . . . . .	37.5	48.2	70.4	47.7	46.7	61.0	44.6	47.7	48.5	58.8	39.7	67.3	47.3
November . . . . .	36.5	47.8	57.3	42.3	54.5	54.9	44.4	44.8	45.7	48.4	42.4	112.5	46.4
December . . . . .	45.1	52.3	63.1	38.4	47.3	52.0	29.7	40.5	49.4	53.5	34.7	67.2	42.2
OF THE YEAR . . . . .	45.5	45.0	54.6	43.4	44.6	55.3	44.7	48.3	52.8	60.4	39.0	62.4	46.4
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	2.3	3.5	5.6	.9	6.5	89.8	9.9	1.3	...	.8	19.3	4.8	12.5
Cholera . . . . .	...	...	...	.2	.1	...	...	...	.7	...	...	...	.0
Small-pox . . . . .	...	...	2.0	.3	.3	1.7	...	.5	...	.3	.3	...	.4
Enteric Fever . . . . .	...	5.2	4.1	11.0	13.5	7.4	23.4	18.1	2.2	21.5	13.0	8.0	13.1
Intermittent Fever . . . . .	70.3	77.0	128.5	84.2	196.7	391.5	241.7	89.8	188.8	42.1	98.6	176.1	152.0
Remittent Fever . . . . .	16.2	.6	...	1.5	1.4	1.1	4.2	...	...	...	3.1	.9	1.8
Simple Continued Fever . . . . .	166.2	65.9	94.2	42.4	43.5	25.8	19.7	33.5	9.5	34.2	28.1	8.8	36.8
Rheumatic Fever . . . . .	...	...	...	...	.4	.4	...	.8	...	1.1	3.3	.3	.9
Tubercle of the lungs . . . . .	.8	1.2	3.1	2.4	1.7	1.5	1.2	1.0	.7	.8	1.3	4.6	1.6
Pneumonia . . . . .	.8	.6	7.7	2.1	3.9	4.3	2.4	1.9	.7	4.2	2.7	1.4	2.8
Other Respiratory Diseases . . . . .	10.0	8.1	27.1	20.1	26.7	27.3	23.0	20.7	15.3	24.6	19.9	20.5	21.9
Dysentery . . . . .	19.3	13.3	18.4	16.9	6.4	3.7	16.2	19.4	8.0	19.2	6.1	10.0	11.7
Diarrhœa . . . . .	7.7	9.8	9.2	10.8	15.2	23.2	21.8	15.9	13.8	14.7	10.5	10.5	14.6
Hepatic { Abscess . . . . .	8.5	2.9	3.6	2.7	2.0	.9	2.6	3.3	.7	2.0	1.2	4.3	2.4
Congestion . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Inflammation . . . . .	3.1	11.0	15.4	16.8	10.5	6.9	11.2	9.8	8.7	11.3	8.5	16.5	10.8
Venereal Diseases . . . . .	135.2	148.2	189.5	95.6	72.3	64.3	82.9	96.9	148.7	154.7	54.4	101.8	89.9
ALL CAUSES . . . . .	726.4	777.6	790.6	676.6	797.6	1,061.7	842.1	709.3	737.6	805.9	625.4	796.6	756.4
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	.15	.07	...	...	...	...	...	...	...	.03
Small-pox . . . . .	...	...	...	...	...	...	...	.10	...	...	...	...	.01
Enteric Fever . . . . .	...	1.16	1.54	2.29	2.91	1.51	7.50	4.48	.73	2.83	1.97	.85	2.77
Intermittent Fever . . . . .	...	...	...	...	.15	.43	.35	...	...	...	.09	.57	.13
Remittent Fever . . . . .	2.32	...	...	...	.07	...	...	...	...	...	.09	...	.07
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	...	...	1.02	1.22	.75	.22	.70	.10	...	...	...	...	.38
Circulatory Diseases . . . . .	1.55	...	1.54	.61	.52	.22	.52	.68	...	.57	.51	.57	.61
Tubercle of the lungs . . . . .	...	...	.51	.31	.22	.22	.17	...	...	...	.17	.85	.20
Pneumonia . . . . .	.77	...	2.56	.31	.45	.43	.35	...	...	.85	.17	...	.35
Other Respiratory Diseases . . . . .	...	...	...	.46	...	...	.17	...	...	.57	.17	...	.12
Dysentery . . . . .	2.32	...	...	.92	.30	...	.35	.39	...	.28	.26	...	.33
Diarrhœa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	1.55	1.16	2.56	1.22	1.12	.22	1.05	1.36	...	1.41	.43	1.71	1.01
ALL CAUSES . . . . .	13.14	2.90	15.87	9.76	9.63	5.19	12.39	8.97	3.64	8.20	5.39	6.26	8.18
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	.32	.45	.71	.14	.81	8.46	1.18	.18	...	.11	3.09	.61	1.65
Cholera . . . . .	...	...	...	.02	.01	...	...	.10	...	...	...	...	.01
Small-pox . . . . .	...	...	.26	.05	.04	.16	...	.07	...	.04	.05	...	.06
Enteric Fever . . . . .	...	.67	.52	1.62	1.69	.69	2.78	2.56	.30	2.66	2.08	1.00	1.74
Intermittent Fever . . . . .	9.68	9.90	16.26	12.44	24.66	36.88	28.70	12.66	25.59	5.22	15.77	22.11	20.10
Remittent Fever . . . . .	2.23	.07	...	.23	.18	.10	.50	...	...	...	.49	.11	.24
Simple Continued Fever . . . . .	22.57	8.86	11.92	6.27	5.46	2.43	2.34	4.73	1.28	4.24	4.50	1.11	4.87
Rheumatic Fever . . . . .	...	...	...	...	.06	.04	...	.11	...	.14	.52	.04	.11
Tubercle of the lungs . . . . .	.11	.15	.39	.36	.22	.14	.15	.14	.10	.11	.21	.57	.22
Pneumonia . . . . .	.11	.07	.97	.32	.49	.41	.29	.27	.10	.53	.42	.18	.37
Other Respiratory Diseases . . . . .	1.35	1.04	3.43	2.98	3.35	2.57	2.74	2.91	2.08	3.05	3.19	2.57	2.90
Dysentery . . . . .	2.06	1.71	2.33	2.50	.81	.35	1.93	2.73	1.09	2.38	.97	1.25	1.55
Diarrhœa . . . . .	1.06	1.27	1.17	1.60	1.90	2.18	2.59	2.24	1.88	1.82	1.68	1.32	1.93
Hepatic { Abscess . . . . .	1.17	.37	.45	.41	.25	.08	.31	.47	.10	.25	.19	.54	.31
Congestion . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Inflammation . . . . .	.45	1.41	1.94	2.48	1.32	.65	1.33	1.39	1.19	1.40	1.35	2.07	1.43
Venereal Diseases . . . . .	18.62	19.06	23.96	14.13	9.06	6.05	9.84	13.00	20.16	19.17	8.70	12.79	11.89
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	...	...	1.6	.8	...	...	...	...	...	...	...	.4
Small-pox . . . . .	...	...	...	...	...	...	...	1.1	...	...	...	...	.2
Enteric Fever . . . . .	...	40.0	9.7	23.4	20.2	29.2	60.6	50.0	20.0	34.5	36.5	13.6	33.9
Intermittent Fever . . . . .	...	...	...	...	1.6	8.3	2.8	...	...	...	1.6	9.1	1.6
Remittent Fever . . . . .	17.6	...	...	...	.8	...	...	...	...	...	1.6	...	.9
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Heat-stroke . . . . .	...	...	6.5	12.5	7.8	4.2	5.6	1.1	...	...	...	...	4.6
Circulatory Diseases . . . . .	11.8	...	9.7	6.3	5.4	4.2	4.2	7.6	...	6.9	5.5	9.1	7.4
Tubercle of the lungs . . . . .	...	...	3.2	3.1	2.3	4.2	1.4	...	...	...	3.2	13.6	2.5
Pneumonia . . . . .	5.9	...	16.1	3.1	4.7	8.3	2.8	...	...	10.3	3.2	...	4.2
Other Respiratory Diseases . . . . .	...	...	...	4.7	...	...	1.4	...	...	6.9	3.2	...	1.4
Dysentery . . . . .	17.6	...	...	9.4	3.1	...	2.8	4.3	...	3.4	4.8	...	4.1
Diarrhœa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	11.8	40.0	16.1	12.5	11.6	4.2	8.5	15.2	...	17.2	7.9	27.3	12.3



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TABLE III.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.															2. DEATH RATE.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
Port Blair .	134 {	...	...	...	...	52'2	52'2	52'2	...	...	7'5	...	...	14'9	29'9	...	...	22'4	44'8	574'6	29'9	7'5	...	37'3
Rangoon .	1,160 {	2'6	...	...	...	72'4	12'1	179'3	...	...	7'8	9	9	9'5	18'1	8'8	9'5	9	145'7	744'0	47'3	43'1	50'0	52'6
		...	...	...	...	2'59	...	...	...	...	1'72	...	86	...	2'59	...	1'72	...	...	14'66	...	...	...	...
GROUP I.— BURMA COAST AND BAY ISLANDS.	* 1,294 {	2'3	...	...	...	70'3	16'2	166'2	...	...	7'7	8	8	10'0	19'3	7'7	8'5	3'1	135'2	726'4	† 45'5	39'4	44'8	51'0
		...	...	...	...	...	2'32	...	...	...	1'55	...	77	...	2'32	...	1'55	...	...	13'14	...	...	...	...
Thayetmyo	551 {	1'8	...	...	16'3	18'1	...	96'2	...	...	5'4	...	...	14'5	9'1	1'8	...	20'0	125'2	637'0	38'9	18'1	34'5	72'6
		...	...	...	3'63	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3'63	...	...	...	...
Meiktila .	220 {	...	...	...	...	27'3	...	109'1	...	...	9'1	9'1	...	...	...	9'1	9'1	4'5	209'1	745'5	51'8	50'0	27'3	131'8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4'55	...	...	9'09	...	...	...	...
Fort Dufferin	274 {	3'6	...	...	...	62'0	3'6	83'9	...	14'6	7'3	...	...	7'3	10'9	21'9	7'3	3'6	142'3	726'3	46'5	32'8	36'5	73'0
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3'65	...	...	3'65	...	...	...	...
Shwebo .	517 {	7'7	...	...	...	71'6	...	30'9	...	...	1'9	...	1'9	...	21'3	7'7	1'9	11'6	162'5	824'0	46'5	69'6	17'4	75'4
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhamo .	165 {	...	...	...	...	351'8	...	18'2	...	...	...	...	...	24'2	24'2	24'2	...	...	109'1	1,230'3	48'8	30'3	30'3	48'5
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.— BURMA IN- LAND.	* 1,727 {	3'5	...	...	5'2	77'0	6	68'9	...	2'3	4'6	1'2	6	8'1	13'3	9'8	2'9	11'0	148'2	777'6	† 45'0	41'1	28'4	78'7
		...	...	...	1'16	...	...	...	...	...	...	...	...	...	...	...	1'16	...	...	2'90	...	...	...	...
Fort William	1,342 {	7	...	3'0	3'7	104'3	...	136'4	...	1'5	11'9	2'2	6'0	27'6	17'1	9'7	3'7	6'0	237'7	840'5	62'0	52'9	64'1	120'7
		...	...	...	1'49	...	...	...	...	1'49	1'49	...	1'49	...	...	...	3'73	...	...	14'90	...	...	...	...
Dum-Dum .	327 {	12'2	...	...	6'1	61'2	...	...	...	...	3'1	9'2	15'3	12'2	9'2	6'1	3'1	24'5	85'6	388'4	23'4	3'1	30'6	52'0
		...	...	...	3'06	...	...	...	...	...	...	3'06	6'12	...	...	...	...	3'06	...	15'29	...	...	...	...
Barrackpore	284 {	21'1	...	...	3'5	320'4	...	3'5	...	...	17'6	...	7'0	42'3	35'2	10'6	3'5	49'3	81'0	1,017'6	55'6	24'6	14'1	42'2
		...	...	...	...	...	...	...	...	...	3'52	...	3'52	...	...	...	...	...	...	21'13	...	...	...	...
GROUP IV.— BENGAL AND ORISSA.	* 1,953 {	5'6	...	2'0	4'1	128'5	...	94'2	...	1'0	11'3	3'1	7'7	27'1	18'4	9'2	3'6	15'4	189'5	790'6	† 54'6	40'5	51'2	97'8
		...	...	...	1'54	...	...	...	...	1'02	1'54	5'1	2'56	...	...	...	2'56	5'1	...	15'87	...	...	...	...
B																								
Dinapore .	601 {	...	...	...	11'6	39'9	10'0	74'9	...	...	10'0	8'3	...	21'6	1'7	5'0	5'0	18'3	83'2	535'8	27'5	13'3	25'0	44'9
		...	...	...	1'66	...	...	...	...	...	1'66	...	...	...	...	...	3'33	...	...	8'32	...	...	...	...
Benares .	147 {	...	...	...	68'0	122'4	6'8	...	...	...	13'6	...	6'8	...	20'4	13'6	6'8	...	142'9	714'3	41'8	27'2	74'8	40'8
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6'80	...	...	6'80	...	...	...	...
Allahabad .	978 {	...	...	1'0	5'1	124'7	...	22'5	...	14'3	7'2	2'0	5'1	22'5	12'3	7'2	3'1	4'1	141'1	720'9	49'1	18'4	32'7	90'0
		...	...	...	2'04	...	...	...	...	3'07	1'02	1'02	1'02	1'02	...	...	1'02	...	...	13'29	...	...	...	...
Fyzabad .	889 {	...	...	...	7'9	39'4	...	126'0	...	6'7	4'5	3'4	...	27'0	27'0	18'0	3'4	6'7	86'6	710'9	39'2	2'2	10'1	74'2
		...	...	...	1'12	...	...	...	...	...	...	1'12	...	...	2'25	...	1'12	...	...	7'87	...	...	...	...
Sitapur .	499 {	...	...	...	...	96'2	...	18'0	...	4'0	30'1	6'0	...	22'0	22'0	20'0	...	8'0	142'3	821'6	55'4	42'1	26'1	74'1
		...	...	...	...	...	...	...	...	4'01	...	...	...	...	...	...	...	...	...	4'01	...	...	...	...
Lucknow .	2,369 {	...	...	4	12'2	103'4	...	15'2	...	6'3	8'9	1'2	2'5	23'6	21'1	12'7	3'0	35'5	74'3	769'5	52'6	13'5	7'6	53'2
		...	...	...	2'53	...	...	...	...	42	84	...	...	42	42	...	1'27	...	...	7'18	...	...	...	...
Cawnpore .	986 {	...	1'0	...	11'2	50'7	3'0	53'8	...	9'1	...	...	2'0	5'1	9'1	2'0	1'0	1'0	73'0	373'2	23'9	13'2	18'3	41'6
		...	1'01	...	4'06	...	...	...	...	2'03	...	...	1'01	1'01	3'04	...	...	...	...	18'26	...	...	...	...
Fatehgarh .	87 {	69'0	...	...	34'5	114'9	...	11'5	...	...	...	...	...	11'5	11'5	11'5	...	...	252'9	816'1	39'5	23'0	137'9	92'0
		...	...	...	11'49	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11'49	...	...	...	...
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	* 6,556 {	9	2	3	11'0	84'2	1'5	42'4	...	7'0	8'4	2'4	2'1	20'1	16'9	10'8	2'7	16'8	95'6	676'6	† 43'4	15'3	19'5	60'9
		...	15	...	2'29	...	...	...	...	1'22	6'1	3'1	3'1	46	92	...	1'22	...	...	9'76	...	...	...	...

\* Derived from the aggregates.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1907.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
<b>A</b>																								
Shahje- hanpur. }	374 {	45'5	...	...	5'3	18'7	...	24'1	...	...	13'4	...	...	16'0	8'0	5'3	2'7	10'7	56'1	652'4	32'2	8'0	21'4	26'7
		...	...	...	2'67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'67	...	...	...	...
Bareilly .	1,050 {	8'6	...	...	11'4	100'0	...	9'5	...	7'6	9'5	1'9	1'9	45'7	11'4	19'0	1'9	20'0	56'2	842'9	45'3	6'7	4'8	44'8
		...	...	...	...	...	...	...	...	'95	'95	...	...	...	...	...	'95	...	...	5'71	...	...	...	...
Rurki	373 {	13'4	...	...	24'1	225'2	...	56'3	...	...	13'4	...	5'4	34'9	2'7	40'2	5'4	32'2	85'8	911'5	51'9	16'1	40'2	29'5
		...	...	...	10'72	...	...	...	...	...	2'68	...	...	...	...	...	2'68	...	...	24'13	...	...	...	...
Meerut .	1,842 {	2'2	...	...	9'8	260'0	...	1'1	...	1'6	11'9	2'7	6'0	28'2	9'2	14'7	1'1	4'9	149'8	975'0	58'9	51'0	30'4	68'4
		...	...	...	2'17	...	...	...	...	'54	...	...	1'09	...	1'09	...	1'09	...	...	11'40	...	...	...	...
Delhi. .	298 {	...	...	3'4	10'1	359'1	...	35'9	...	40'3	10'1	...	...	6'7	10'1	23'5	...	3'4	151'0	1,050'3	65'5	20'1	53'7	77'2
		...	...	...	...	...	...	...	...	3'36	...	...	...	...	...	...	...	...	...	3'36	...	...	...	...
Ambala .	2,365 {	5'9	...	...	7'2	113'3	...	8'9	...	2'1	10'1	1'7	1'7	19'5	4'2	13'5	1'7	4'7	45'2	556'0	32'0	14'8	5'5	24'9
		...	...	...	1'27	...	...	...	...	'42	'42	'42	'42	...	...	...	1'27	...	...	6'34	...	...	...	...
<b>B</b>																								
Jullundur .	619 {	25'8	...	4'8	16'2	101'8	...	8'1	3'2	...	21'0	...	3'2	43'6	...	16'2	3'2	16'2	43'6	594'5	31'2	17'8	1'6	24'2
		...	...	...	3'23	...	...	...	...	...	1'62	...	...	...	...	...	1'62	...	...	8'08	...	...	...	...
Ferozepore.	887 {	...	...	...	12'4	324'7	19'2	187'1	...	7'9	9'0	1'1	4'5	20'3	7'9	2'3	...	7'9	44'0	1,011'3	57'0	18'0	2'3	23'7
		...	...	...	3'38	...	1'13	...	...	3'38	...	1'13	...	...	...	...	...	...	...	15'78	...	...	...	...
Amritsar .	162 {	6'2	6'2	...	80'2	259'3	...	154'3	...	...	12'3	6'2	...	12'3	24'7	43'2	...	6'2	85'4	1,185'2	48'3	6'2	12'3	67'9
		...	6'17	...	37'04	...	...	...	...	...	...	6'17	...	...	6'17	...	...	...	...	55'56	...	...	...	...
Lahore Cantt.	890 {	2'2	...	...	10'1	137'1	...	58'4	1'1	3'4	1'1	...	6'7	16'9	9'0	15'7	2'2	25'8	79'1	579'8	39'6	14'6	5'6	59'6
		...	...	...	4'49	...	...	...	...	1'12	1'12	...	...	...	...	...	1'12	...	...	8'99	...	...	...	...
Fort Lahore	112 {	...	...	...	89'3	125'0	...	464'3	...	8'9	...	...	...	35'7	...	...	...	53'6	125'0	1,526'8	38'1	26'8	26'8	71'4
		...	...	...	...	...	...	...	...	8'93	...	...	...	...	...	...	...	...	...	26'79	...	...	...	...
Sialkot .	1,294 {	4'6	...	...	18'5	216'4	...	16'2	...	3'9	7'0	1'5	2'3	24'7	4'6	17'0	5'4	9'3	36'3	721'8	31'5	5'4	7'0	24'0
		...	...	...	4'64	...	...	...	...	...	...	...	'77	...	...	...	3'09	...	...	10'95	...	...	...	...
Rawalpindi.	2,724 {	4'4	...	...	12'5	268'7	...	45'9	7	4'8	19'1	2'6	5'1	29'7	4'4	15'8	1'5	6'6	67'2	882'2	52'5	24'6	9'9	32'7
		...	...	...	1'10	'73	...	...	...	'37	'73	...	'37	...	'37	...	'73	...	...	6'98	...	...	...	...
Campbell- pore.	263 {	3'8	...	...	34'2	76'0	7'6	148'3	3'8	...	3'8	...	7'6	7'6	11'4	7'6	...	15'2	64'6	722'4	33'9	26'6	3'8	34'2
		...	...	...	11'41	...	...	...	...	...	...	...	...	...	...	...	...	...	...	11'41	...	...	...	...
Attock .	138 {	...	...	...	...	166'7	...	173'9	...	...	...	7'2	14'5	72'5	...	...	7'2	14'5	115'9	840'6	31'4	7'2	50'7	58'0
		...	...	...	...	...	...	...	...	...	...	...	7'25	...	...	...	...	...	...	14'49	...	...	...	...
<b>GROUP VI.—UPPER SUB-HIMA-LAYA.</b>	13,391 {	6'5	1'07	3	13'5	196'7	1'4	43'5	4	4'3	11'6	1'7	3'9	26'7	6'4	15'2	2'0	10'5	72'3	797'6	† 44'6	20'7	12'7	38'9
		...	'07	...	2'91	'15	'07	...	...	'75	'52	'22	'45	...	'30	...	1'12	...	...	9'63	...	...	...	...
<b>A</b>																								
Nowshera .	592 {	244'9	...	...	13'5	631'8	...	1'7	...	...	10'1	...	15'2	67'0	1'7	62'5	...	3'4	45'6	1,714'5	70'2	10'1	11'8	23'6
		...	...	...	3'38	...	...	...	...	...	...	...	1'69	...	...	...	...	...	...	6'76	...	...	...	...
Peshawar .	1,402 {	186'9	...	7	7'8	475'0	...	7	...	...	2'1	1'4	...	12'1	2'9	15'0	...	1'4	72'0	1,000'7	60'5	11'4	11'4	49'2
		...	...	...	1'43	...	...	...	...	...	...	'71	...	...	...	...	...	...	...	2'85	...	...	...	...
Multan .	869 {	...	...	8'1	15'0	138'1	5'8	63'3	...	5'8	5'8	2'3	3'5	38'0	4'6	18'4	...	21'9	47'2	838'9	47'3	10'4	1'2	35'7
		...	...	...	1'15	1'15	...	...	...	1'15	...	...	...	...	...	...	...	...	...	6'90	...	...	...	...
<b>C</b>																								
Hyderabad.	492 {	...	...	...	2'0	609'8	...	...	2'0	4'1	12'2	4'1	4'1	10'2	...	10'2	...	6'1	48'8	1,048'8	33'9	12'2	12'2	24'4
		...	...	...	2'03	...	...	...	...	...	2'03	...	...	...	...	...	...	...	...	6'10	...	...	...	...
Karachi .	1,267 {	6'3	...	...	8	275'5	...	48'9	8	5'5	11'8	8	4'7	24'5	6'3	22'1	3'2	4'7	82'1	981'1	54'5	11'0	33'1	37'9
		...	...	...	'79	'79	...	...	...	...	...	...	'79	...	...	...	'79	...	...	5'52	...	...	...	...
<b>GROUP VII.—N.-W. FRONTIER, INDUS VAL-LEY, AND N.-W. RAJ-PUTANA.</b>	4,621 {	89'8	...	1'7	7'4	391'5	1'1	25'8	4	3'0	7'6	1'5	4'3	27'3	3'7	23'2	9	6'9	64'3	1,061'7	† 55'3	11'0	15'6	37'7
		...	...	...	1'51	'43	...	...	...	'22	'22	'22	'43	...	...	...	'22	...	...	5'19	...	...	...	...
<b>B</b>																								
Neemuch .	395 {	...	...	...	17'7	265'8	5'1	...	...	2'5	25'3	...	...	22'8	12'7	5'1	5'1	15'2	75'9	812'7	40'4	7'6	7'6	60'8
		...	...	...	...	...	...	...	...	...	2'53	...	...	...	...	...	...	...	...	5'06	...	...	...	...
Nasirabad .	781 {	...	...	...	5'1	510'9	...	2'6	...	...	10'2	2'6	1'3	49'9	16'6	67'9	5'1	6'4	71'7	1,198'5	53'9	25'6	9'0	37'1
		...	...	...	1'28	2'56	...	...	...	...	1'28	...	...	1'28	...	...	...	...	...	7'68	...	...	...	...
Muttra .	494 {	6'1	...	...	12'1	95'1	...	2'0	...	8'1	...	...	4'0	10'1	12'1	24'3	...	16'2	40'5	639'7	26'6	8'1	4'0	28'3
		...	...	...	10'12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10'12	...	...	...	...
Agra .	999 {	53'1	...	...	26'0	181'2	18'0	2'0	...	12'0	3'0	1'0	3'0	29'0	2'0	...	3'0	9'0	166'2	904'9	65'5	29'0	37'0	100'1
		...	...	...	12'01	...	...	...	...	4'00	...	1'00	1'00	...	...	...	1'00	...	1'00	21'02	...	1'00	...	...

\* Derived from the aggregates.

† Worked on the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
Jhansi .	958 {	...	...	...	51'1 12'53	326'7	...	56'4	...	1'0	7'3 1'04	...	1'0	4'2	10'4	18'8	1'0 1'04	1'0	97'1	734'9 15'66	34'4	3'1	17'7	76'2
Nowgong .	237 {	...	...	...	4'2 4'22	118'1	...	143'5	...	4'2	4'2	8'4	...	50'6	16'9	16'9	...	4'2	92'8	894'5 4'22	41'0	29'5	21'1	42'2
Indore .	113 {	...	...	...	17'7	70'8	...	35'4	...	8'8	8'8	...	...	8'8	44'2	8'8	8'8	44'2	61'9	486'7	18'9	...	44'2	17'7
Mhow .	1,752 {	6	...	...	32'3 6'85	173'5	2'3	9'1	...	4'0	18'3	1'1	4'0 57	18'8	27'4 57	20'0	2'3 2'28	16'6	46'2	786'0 11'99	42'7	10'8	5'7	29'7
GROUP VIII.— SOUTH-EAST RAJ- PUTANA, CENTRAL INDIA AND GUJARAT.	* 5,730 {	9'9	...	...	23'4	241'7	4'2	19'7	...	4'7	10'8	1'2	2'4	23'0	16'2	21'8	2'6	11'2	82'9	842'1	† 44'7	14'8	15'0	53'1
		...	...	...	7'50	35	...	...	...	7'0	5'2	1'7	3'5	1'7	3'5	...	1'05	...	1'17	12'39		1'17	...	...
A																								
Saugor .	304 {	...	...	...	16'4	286'2	...	52'6	...	3'3	9'9	...	3'3	39'5	36'2	6'6	3'3 3'29	26'3	80'8	852'0 3'29	53'8	26'3	16'4	46'1
Jubbulpore.	976 {	5'1	...	...	21'5 6'15	161'9	...	53'3	...	...	14'3	...	2'0	34'8	17'4	26'6	2'0 1'02	12'3	89'1	971'3 11'27	54'9	14'3	17'4	57'4
Kampti .	932 {	...	...	...	21'5 7'51	149'1	...	91'2	...	...	2'1	2'1	1'1	4'3	23'6	4'3	2'1 1'07	7'5	69'7	701'7 12'88	43'5	16'1	8'	45'1
B																								
Secun- derabad }	3,154 {	...	...	1'3	20'6 5'07	26'6	...	37'7	1'6	...	9'5	1'0	1'0	18'7	23'8	6'0	3'5 1'59	8'6	105'3	648'1 8'88	50'2	26'3	22'2	56'8
Belgaum .	1,055 {	...	...	...	15'2 9'5	70'1	...	3'8	...	9	9	1'9	2'8	23'7	6'6	10'4	9	9'5	105'2	571'6 2'84	38'8	16'1	33'2	55'9
Poona .	1,901 {	5	...	...	12'1 2'63	140'5	...	17'9	1'1	1'1	64'2 3'16	5	3'2	16'8	16'8	20'0	4'2 1'58	7'9	97'8	722'3 9'47	48'1	17'4	15'3	65'2
Kirkee .	877 {	5'7	...	...	9'1 1'14	86'7	...	...	...	2'3	8'0 1'14	1'1	3'4	20'5	22'8	9'1	3'4 1'14	11'4	73'0 1'14	589'5 5'70	34'0	19'4 1'14	17'1	36'5
Ahmednagar	1,061 {	1'9	...	9	26'4 9'43	33'9	...	32'0	9	...	16'0	9	9	26'4	14'1 94	51'8	5'7 1'89	11'3	115'0	828'5 13'20	60'7	26'4	30'2	58'4
GROUP IX.— DECCAN.	* 10,260 {	1'3	...	5	18'1 4'48	89'8	...	33'5	8	6	10'1 68	1'0	1'9	20'7	19'4 39	15'9	3'3 1'36	9'8	96'9 10	709'3 8'97	†48'3	21'0 10	20'6	55'4
Colaba .	1,656 {	...	9	...	9 9'5	227'3	...	12'3	...	...	3'8	9	9	14'2	8'5	14'2	9	11'4	152'5	745'3 4'73	56'2	25'6	62'5	64'4
Cannanore .	94 {	...	...	...	...	63'8	...	...	...	...	...	...	...	42'6	10'6	10'6	...	...	148'9	776'6	53'4	42'6	53'2	53'2
Calicut .	85 {	...	...	...	23'5	35'3	...	...	...	...	...	...	...	...	...	23'5	...	...	188'2	576'5	44'5	11'8	23'5	152'9
Malapuram	138 {	...	...	...	...	72'5	...	...	...	...	14'5	...	...	14'5	7'2	7'2	...	...	94'2	746'4	31'4	29'0	...	65'2
GROUP X.— WESTERN COAST.	* 1,372 {	...	7	...	2'2 7'3	188'8	...	9'5	...	...	4'4	7	7	15'3	8'0	13'8	7	8'7	148'7	737'6 3'64	†52'8	26'2	53'2	69'2
A																								
Bellary .	502 {	...	...	...	13'9 1'99	93'6	...	4'0	...	27'9	6'0 1'99	...	4'0	43'8	10'0	...	...	6'0	169'3	820'7 3'98	63'2	41'8	71'7	55'8
Bangalore .	2,197 {	9	...	5	28'2 3'19	27'8	...	45'5	1'8	...	5'5 40	5	5'9 1'37	16'8 46	20'0	21'4	1'8 91	14'6	126'5	751'5 7'74	63'5	46'9	21'4	58'3
B																								
St. Thomas' Mount.	284 {	...	...	...	10'6 7'04	7'0	...	42'3	...	7'0	10'6	...	...	10'6	10'6	7'0	...	10'6	218'3	654'9 14'05	48'5	49'3	59'9	109'2
Madras .	553 {	1'8	...	...	7'2	70'5	...	12'7	...	5'4	18'1	3'6	...	45'2 1'81	28'9 1'81	5'4	5'4 5'42	3'6	220'0	1,094'0 10'85	51'9	50'6	41'6	128'4
GROUP XI.— SOUTHERN INDIA.	* 3,537 {	8	...	3	21'5 2'83	42'1	...	34'2	1'1	5'4	7'9 57	8	4'2 85	24'6 57	19'2 28	14'7	2'0 1'41	11'3	154'7	806'9 8'20	†60'4	46'9	34'8	72'9

\* Derived from the aggregates.

† Worked on the aggregates.



## EUROPEAN TROOPS, 1907.

TABLE III—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table IV.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.	
Ranikhet .	1,095 {	1'8	...	...	27'4 4'57	105'9	...	4'6	3'7	...	24'7 9'1	...	...	30'1 9'1	26'5 9'1	6'4	9	17'4	82'2	724'2 } 7'31	54'7	29'2	7'3	45'7	
Chaubattia .	543 {	18'4	...	...	14'7	22'1	...	3'7	...	...	14'7	...	1'8	5'5	9'2	55'2	3'7 1'84	7'4	9'2	480'7 } 3'68	29'1	1'8	...	7'4	
Chakrata .	1,230 {	16'3	...	8	10'6 2'44	103'3	...	1'6	8	8	35'0 1'63	6'5	1'6	27'6	4'9	17'1	1'6 8'1	5'7	84'6	800'0 } 5'69	54'0	19'5	30'1	35'0	
Lebong .	585 {	...	...	1'7	...	18'8	...	1'7	3'4	...	15'4	1'7	5'1	12'0	5'1	6'8	1'7	...	87'2	304'3 } 1'71	33'0	27'4	13'7	46'2	
Solon .	255 {	...	...	...	27'5 3'92	121'6	7'8	19'6	...	...	3'9	...	...	7'8	...	3'9	3'9	...	39'2	541'2 } 3'92	24'7	11'8	...	27'5	
Dagshai .	743 {	...	...	...	1'3	14'8	1'3	2'7	...	...	4'0	...	...	14'8	2'7	6'7	1'3	6'7	37'7	360'7 } ...	25'9	9'4	10'8	17'5	
Subathu .	376 {	...	...	...	13'3	45'2	...	...	...	...	2'7	...	2'7	47'9	...	8'0	...	31'9	71'8	747'3 } ...	50'7	21'3	8'0	42'6	
Jutogh .	214 {	...	...	...	18'7	28'0	...	...	...	...	4'7 4'67	...	...	4'7	...	4'7	4'7	18'7 4'67	23'4	294'4 } 9'35	29'2	4'7	...	18'7	
Khairagali .	69 {	...	...	...	...	14'5	...	...	...	...	...	...	...	...	...	14'5	...	72'5	...	318'8 } ...	12'6	...	...	...	
Baragali .	48 {	...	...	...	...	...	...	...	...	...	62'5	...	...	...	...	...	...	41'7	20'8	479'2 } ...	29'2	...	...	20'8	
Kuldanna .	450 {	4'4	...	...	2'2	144'4	...	15'6	...	...	2'2	...	...	13'3	...	4'4	...	8'9	62'2	542'2 } ...	46'5	33'3	6'7	22'2	
Kalabagh .	55 {	...	...	...	...	72'7	...	...	...	...	...	18'2	...	...	...	...	18'2	54'5	72'7	618'2 } ...	38'4	54'5	18'2	...	
Camp Gharial. }	486 {	12'3	...	...	8'2 2'06	131'7	...	8'2	2'1	...	18'5	...	...	8'2	2'1	2'1	...	8'2	107'0	749'0 } 2'06	30'8	61'7	12'3	32'9	
Camp Barian. }	538 {	14'9	...	...	11'2 1'86	213'8	...	7'4	...	1'9	13'0	...	1'9	20'4	3'7 1'86	13'0	1'9	13'0	37'2	821'6 } 3'72	37'4	18'6	1'9	16'7	
Camp Upper Topa. }	313 {	...	...	...	22'4	140'6	...	12'8	...	...	16'0	...	...	28'8	...	3'2	...	9'6	67'1	555'9 } 3'19	31'0	25'6	...	41'5	
Camp Lower Topa. }	42 {	...	...	...	23'8	261'9	...	23'8	...	47'6	...	...	...	...	...	23'8	...	23'8	23'8	735'7 } ...	81'7	23'8	...	...	
Khan Spur	723 {	5'5	...	...	18'0 2'77	45'6	...	6'9	...	...	6'9	1'4	...	6'9	2'8	1'4	...	5'5	33'2	332'0 } 2'77	19'3	19'4	2'8	11'1	
Cherat .	484 {	343'0	...	...	8'3 2'07	159'1	...	4'1	...	2'1	2'1	...	...	16'5	8'3	16'5	2'1 2'07	6'2 2'07	16'5	931'8 } 8'26	50'8	2'1	...	14'5	
Quetta .	2,663 {	3'0	...	8	17'6 3'00	119'4 38	...	74'0	10'9	...	15'4 1'50	4	7'1	22'9 38	5'3 38	10'5	4 38	3'0	22'2	641'0 } 8'64	34'5	8'6	1'1	12'4	
Maymyo .	779 {	...	...	...	1'3 1'28	115'5	42'4 1'28	113'0	1'3	...	6'4	2'6	5'1 2'57	25'7	3'9	1'3	1'3 1'28	5'1	125'8 1'28	783'1 } 11'55	50'5	34'7 1'28	44'9	46'2	
GROUP XII a— HILL STA- TIONS.	* 11,689 {	19'3	...	3	13'0 1'97	98'6 09	3'1 09	28'1	3'3	4	14'5 5'1	1'3 1'17	2'7 1'17	19'9 1'17	6'1 2'6	10'5	1'2 43	8'5 1'17	54'4 09	625'4 } 5'39	†39'0	19'2 09	9'8	25'4	
Darjeeling .	357 {	...	...	...	5'6	106'4	...	39'2	...	...	8'4	...	...	2'8	5'6	5'6	2'8 2'80	11'2	84'0	512'6 } 8'40	40'1	36'4	8'4	39'2	
Naini Tal .	177 {	...	...	...	...	73'4	...	5'6	...	...	11'3	...	...	...	...	5'6	...	56'5	50'8	474'6 } ...	48'3	5'6	11'3	33'9	
Landour .	168 {	...	...	...	...	261'9	...	6'0	...	...	23'8	23'8	...	6'0	6'0	6'0	...	11'9	89'3	660'7 } ...	60'7	17'9	6'0	65'5	
Kasauli .	415 {	24'1	...	...	26'5 2'41	228'9	...	2'4	2'4	...	19'3	4'8	4'8	9'6	9'6	19'3	2'4	38'6	9'6	797'6 } 4'82	57'7	2'4	4'8	2'4	
Dalhousie .	803 {	7'5	...	...	5'0 1'25	38'6	...	3'7	...	...	8'7	1'2	1'2	12'5	1'2	3'7	...	8'7	79'7	468'2 } 1'25	3'3	29'9	...	49'8	
Murree .	127 {	...	...	...	...	212'6 15'75	...	15'7	...	...	7'9	...	...	7'9	...	...	...	15'7	63'0	566'9 } 31'5	229'0	15'7	15'7	31'5	
Mount Abu .	141 {	...	...	...	...	404'3	...	...	...	...	14'2	14'2	...	56'7	21'3	28'4	35'5	21'3	21'3	985'8 } ...	54'3	21'3	...	...	
Pachmarhi .	142 {	7'0	...	...	28'2 7'04	654'9	21'1	28'2	...	...	7'0	...	...	35'2	28'2	91'5	14'1	28'2	35'2	1,352'1 } 7'04	62'3	...	21'1	14'1	

\* Derived from the aggregates.

† Worked on the aggregates.



STATIONS GROUP AND ARMIES.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE.							3. CONSTANTLY SICK RATE.								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhoea.
Purandhar .	108 {	...	...	...	9'3	111'1	...	...	...	9'3	138'9	...	...	64'8	18'5	18'5	9'3	37'0	92'6	1,037'0	72'2	55'6	9'3	27'8
		...	...	...	...	...	...	...	...	18'52	9'26	...	...	...	...	9'26	...	...	...	37'04				
Khandalla .	62 {	...	...	...	...	500'0	...	...	...	...	145'2	...	...	80'6	48'4	48'4	...	16'1	241'9	1,532'3	56'9	209'7	16'1	16'1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	1...	...	...	...	...				
Wellington	1,014 {	...	...	...	5'9	175'5	...	4'9	...	...	16'8	6'9	2'0	29'6	14'8	...	4'9	4'9	192'3	1,089'7	78'5	38'5	86'8	67'1
		...	...	...	...	...	...	...	...	...	1'97	...	...	...	...	...	3'94	...	...	6'90				
GROUP XIIIb.— Hill Con- valescent Depôts and Sanitaria.	* 3,515 {	4'8	...	...	8'0	176'1	'9	8'8	'3	'3	19'6	4'6	1'4	20'5	10'0	10'5	4'3	16'5	101'8	796'6	†62'4	29'9	29'3	42'7
		...	...	...	'85	'57	...	...	...	...	'57	'85	...	...	...	...	1'71	...	...	6'26				
Troops marching, India.	1,755 {	2'3	...	1'1	12'5	131'1	'6	13'7	...	'6	5'7	'6	2'3	16'5	5'7	9'1	2'8	8'0	68'9	504'3	2'6	14'8	16'5	37'6
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'28				
Deolali Depôt	718 {	2'8	...	...	1'4	264'6	...	4'2	...	2'8	7'0	4'2	...	9'7	8'4	5'6	...	8'4	165'7	805'0	43'4	41'8	47'4	76'6
		...	...	...	...	...	...	...	...	...	...	1'39	...	...	...	...	...	...	...	2'79				
Poonamalee Depôt .	114 {	...	...	...	...	140'4	8'8	17'5	...	8'8	26'3	8'8	...	17'5	52'6	...	8'8	...	157'9	1,017'5	349'3	96'5	26'3	35'1
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	8'77				
EXTRA INDIA Aden .	1,099 {	12'7	...	...	3'6	132'8	2'7	68'2	...	1'8	20'9	1'8	1'8	26'4	14'6	42'8	'9	18'2	64'6	849'9	42'5	13'6	13'6	37'3
		...	...	...	...	...	...	...	...	...	4'53	...	'91	...	...	...	'91	...	...	7'28				
India .	* 69,332 {	12'5	'0	'4	13'1	152'0	1'8	36'8	'9	2'7	12'3	1'6	2'8	21'9	11'7	14'6	2'4	10'8	89'9	756'4	†46'4	22'2	19'7	48'0
		...	'03	'01	2'77	'13	'07	...	...	'38	'61	'20	'35	'12	'33	...	1'01	'04	'04	8'18				
		'4	0	'0	2'9	6'3	'1	1'4	'1	'1	1'3	'4	'3	1'0	1'0	'5	'4	'6	10'6	46'4	...	3'0	2'0	5'6
NORTHERN ARMY .	36,551 {	21'9	'1	'5	12'2	159'2	1'5	32'0	'4	3'6	10'9	1'9	3'0	22'9	8'5	13'3	1'9	12'3	80'1	743'5	†45'7	20'1	15'0	45'0
		...	'05	...	2'60	'14	'03	...	...	'68	'44	'27	'41	'11	'33	...	'90	'08	'03	8'34				
SOUTHERN ARMY .	31,026 {	1'9	'03	'3	14'2	144'7	2'2	43'8	1'4	1'8	14'5	1'4	2'6	21'1	15'8	16'4	2'9	9'3	102'7	785'7	†49'6	25'1	25'5	52'1
		...	...	'03	3'13	'13	'13	...	...	'03	'84	'13	'29	'13	'35	...	1'19	...	'06	8'32				
Lucknow† .	2,369	...	...	'0	2'9	4'1	...	1'4	'1	'3	1'0	'2	'3	'8	2'6	'4	'3	1'3	9'8	52'6	52'6	1'9	1'1	6'8
Ambala† .	2,365	'3	...	...	1'5	3'9	...	'4	...	'1	'9	'2	'2	'7	'6	'4	'1	'3	6'1	32'0	32'0	2'1	'4	3'5
Rawalpindi†	2,724	'1	...	...	2'5	13'3	...	2'1	'0	'3	1'6	'5	'5	1'1	'4	'6	'3	'4	7'5	52'5	52'5	3'1	1'0	3'5
Secunderabad†	3,154	...	...	'2	3'9	1'6	...	1'9	'3	...	'8	'1	'1	'8	2'5	'2	'8	'9	13'9	50'2	50'2	4'0	1'9	8'0
Bangalore†.	2,197	'0	...	'0	7'6	1'3	'0	2'4	'4	'0	'5	'2	'7	'9	1'4	'9	'2	1'1	20'5	63'5	63'5	7'3	2'9	10'3
Quetta† .	2,663	'1	...	'1	3'2	5'0	...	1'8	'8	...	2'0	'1	'5	1'0	'3	'2	'2	'2	3'1	34'5	34'5	1'1	'1	1'9

\* Derived from the aggregates.

† Worked on the aggregates.

‡ Constantly sick-rate per 1,000 by diseases at the largest stations.



## EUROPEAN TROOPS, 1907.

TABLE IV.

ACTUALS of STATIONS, GROUPS, and ARMIES on which the Ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.				3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.
Port Blair . . .	134	...	...	...	...	7	7	7	...	...	1	...	...	...	4	...	...	3	6	77	1	...	5	...	...
Rangoon . . .	1,160	3	...	...	...	84	14	208	...	...	9	1	1	13	21	10	11	1	169	853	50	58	61	3	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,294*	3	...	...	...	91	21	215	...	...	10	1	1	13	25	10	11	4	175	940	51	58	66	3	...
Thayetmyo . . .	551	1	...	...	...	10	...	53	...	...	3	...	...	8	5	1	...	11	69	351	10	19	40	...	2
Meiktila . . .	220	...	...	...	...	6	...	24	...	...	2	2	...	...	...	2	1	...	46	164	11	6	29	...	...
Fort Dufferin . . .	274	1	...	...	...	17	1	23	...	...	4	2	...	2	3	6	2	1	39	199	9	10	20	1	...
Shwebo . . .	517	4	...	...	...	37	...	16	...	...	1	...	1	...	11	4	1	6	84	426	36	9	39	...	...
Bhamo . . .	163	...	...	...	...	63	...	3	...	...	...	...	...	4	4	4	...	...	18	203	5	5	8	2	...
GROUP II.—BURMA INLAND.	1,727*	6	...	...	...	133	1	119	...	...	4	8	2	14	23	17	5	19	256	1,343	71	49	136	3	2
Fort William . . .	1,312	1	...	4	...	140	...	183	...	...	2	16	3	37	23	13	5	8	319	1,128	71	86	162	...	...
Dum-Dum . . .	327	4	...	...	...	20	...	...	...	...	1	3	5	4	3	2	1	8	28	127	1	10	17	...	...
Barrackpore . . .	284	6	...	...	...	91	...	1	...	...	5	...	2	12	10	3	1	14	23	289	7	4	12	1	...
GROUP IV.—BENGALEE AND ORISSA.	1,953*	11	...	4	...	251	...	184	...	...	2	22	6	53	36	18	7	30	370	1,544	79	100	191	1	...
B																									
Dinapore . . .	601	...	...	...	...	7	24	6	45	...	6	5	...	13	1	3	3	11	50	322	8	15	27	...	...
Benares . . .	147	...	...	...	...	10	18	1	...	...	2	...	1	...	3	2	1	...	21	105	4	11	6	...	...
Allahabad . . .	978	...	...	...	...	122	...	22	...	...	14	7	2	22	12	7	3	4	138	705	18	32	88	4	...
Fyzabad . . .	889	...	...	...	...	35	...	112	...	...	6	4	3	24	24	16	3	6	71	632	2	9	66	2	...
Sitapur . . .	499	...	...	...	...	48	...	9	...	...	2	15	3	11	11	10	...	4	71	410	21	13	37	2	...
Lucknow . . .	2,369	...	...	...	...	245	...	36	...	...	15	21	3	56	50	30	7	84	176	1823	32	18	126	5	...
Cawnpore . . .	986	...	...	...	...	50	...	53	...	...	9	...	2	5	9	2	1	1	72	368	13	18	41	...	...
Fatehgarh . . .	87	...	...	...	...	10	...	1	...	...	...	...	...	1	1	1	...	...	22	71	2	12	8	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	6,556*	6	1	2	72	552	10	278	...	46	55	15	14	132	111	71	78	110	627	4,436	100	128	399	13	...

\* Derived from the aggregates.



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	All Causes.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.	
A																										
Shahjehanpur . . .	374	17 41	...	...	2 66	7 22	...	9 51	...	...	5 32	...	...	6 14	3 16	2 03	1 16	4 49	21 24	244 1204	3 47	8 26	10 168	...	...	
Bareilly . . .	1,050	9 31	...	...	12 386	105 444	...	10 72	...	8 15	10 88	2 19	2 18	48 164	12 101	20 45	2 10	21 108	59 419	885 4757	7 133	5 126	47 160	3 13	...	
Rurki . . .	373	5 10	...	...	9 275	84 209	...	21 56	...	...	5 57	...	2 32	13 25	1 83	15 26	2 58	12 51	32 362	340 1972	6 63	15 134	11 165	1 02	...	
Meerut . . .	1,842	4 23	...	...	18 533	479 1893	...	2 07	...	3 29	22 370	5 118	11 103	52 322	17 116	27 65	2 22	9 32	276 3210	1,796 10842	94 1091	56 560	126 1559	9 17	1 44	
Delhi . . .	298	...	...	1 12	3 125	107 365	...	11 30	...	12 73	3 42	...	...	2 11	3 19	7 19	...	1 08	45 556	313 1951	6 143	16 148	23 265	1 07	...	
Ambala . . .	2,365	14 60	...	...	17 345	268 930	...	21 98	...	5 22	24 220	4 36	4 36	46 173	10 146	32 97	4 23	11 71	107 1436	1,315 7557	35 502	13 98	59 836	6 06	...	
B																										
Jullundur . . .	619	16 47	...	3 29	10 223	63 236	...	5 33	...	2 07	13 51	...	2 26	27 95	...	10 04	2 24	10 31	27 383	368 1931	11 132	1 04	15 247	...	...	
Ferozepore . . .	887	...	...	...	11 210	288 1424	17 105	166 470	...	7 26	8 87	1 26	4 17	18 83	7 74	2 18	...	7 30	39 552	897 5056	16 247	2 16	21 289	2 05	...	
Amritsar . . .	162	1 02	1 1	...	13 110	42 106	...	25 59	...	...	2 06	1 08	...	2 02	4 29	7 08	...	1 11	14 127	192 783	1 24	2 13	11 90	10 18	...	
Lahore Cantonment.	890	2 15	...	...	9 295	122 505	...	52 225	1 10	3 05	1 20	...	6 46	15 105	8 53	14 44	2 19	23 142	71 1110	516 3521	13 175	5 15	53 920	2 03	...	
Fort Lahore . . .	112	...	...	...	10 08	14 20	...	52 102	...	1 01	...	...	...	4 05	...	...	...	6 11	14 127	171 430	3 08	3 46	8 73	...	...	
Slalkot . . .	1,294	6 11	...	...	24 357	280 802	...	21 51	...	5 17	9 59	2 17	3 27	32 102	6 25	22 50	7 120	12 64	47 442	934 4080	7 77	9 72	31 293	5 12	...	
Rawalpindi . . .	2,724	12 15	...	...	34 675	732 3610	...	125 578	2 09	13 81	52 441	7 139	14 128	81 302	12 121	43 165	4 87	18 110	183 2038	2,403 14298	67 832	27 261	89 945	14 34	2 28	
Campbellpore . . .	263	1 01	...	...	9 107	20 69	2 16	39 103	1 09	...	1 08	...	2 45	2 04	3 15	2 05	...	4 15	17 156	190 892	7 42	1 10	9 104	...	...	
Attock . . .	138	...	...	...	...	23 52	...	24 55	...	...	...	1 03	2 07	10 27	...	...	1 01	2 06	16 115	116 433	1 16	7 53	8 46	...	...	
GROUP VI.—UPPER SUB-HIMALAYA.	13,391	87 256	1 1	4 4	181 3738	2,534 10587	19 121	583 1990	6 35	57 269	155 1490	23 398	52 478	358 1492	85 252	203 582	27 373	141 748	958 11274	10,680 59707	277 3532	170 1582	521 6160	53 117	3 72	
Nowshera . . .	593	145 267	...	...	8 196	374 1286	...	1 04	...	...	6 35	...	9 17	40 157	1 99	37 145	...	2 12	27 335	1,015 4	6 50	7 129	14 156	1 01	...	
Peshawar . . .	1,402	262 729	...	1 14	11 238	666 3631	...	1 17	...	...	3 56	2 25	...	17 96	4 48	21 70	...	2 20	101 1474	1,403 8486	16 291	15 294	69 889	...	1 17	
Multan . . .	869	...	...	7 59	13 305	120 534	5 58	55 210	...	5 22	5 53	2 55	3 30	33 108	4 26	16 37	...	19 76	41 728	729 4113	9 122	1 26	31 580	7 22	...	
C																										
Hyderabad . . .	492	...	...	...	1 05	300 804	...	...	1 19	2 06	6 27	2 54	2 14	5 27	...	5 03	...	3 11	24 173	516 1916	6 35	6 42	12 96	2 04	...	
Karachi . . .	1,267	8 30	...	...	1 50	349 1462	...	62 194	1 21	7 21	15 90	2 12	6 69	31 170	8 56	28 71	4 86	6 39	104 1597	1,243 6904	14 346	42 447	48 904	3 06	1 02	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	4,621	415 1026	...	8 73	31 794	1,809 7717	5 58	119 425	2 40	14 49	35 261	7 143	20 280	125 500	17 161	107 335	4 86	32 158	297 4307	4,906 25575	51 744	72 938	174 2625	13 33	2 19	

\* Derived from the aggregates.



EUROPEAN TROOPS, 1907.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the Ratios in Tables I—III have been calculated—contd.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small pox.	Enteric Fev.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.	
B																										
Neemuch . . .	395	...	...	...	7	105	2	...	...	1	10	...	...	...	5	2	2	6	30	321	3	3	24	...	...	
		...	...	...	1'59	3'42	35	...	05	05	93	...	...	...	33	05	14	30	2'71	15'95	46	24	2'01	...	07	
Nasirabad . . .	781	...	...	...	4	399	...	2	...	...	8	2	1	39	13	53	4	5	56	935	20	7	29	7	...	
		...	...	...	84	13'30	...	33	...	...	47	65	07	1'91	91	44	50	68	5'79	42'10	2'98	48	2'33	24	...	
Muttra . . .	494	3	...	...	6	47	...	1	...	4	...	...	2	5	6	12	...	8	20	316	4	2	14	6	...	
		11	...	...	5	1'44	...	07	...	08	02	...	15	08	21	33	02	25	2'08	13'13	63	41	1'04	08	...	
Agra . . .	999	53	...	...	26	181	18	2	...	12	3	1	3	29	2	...	3	9	166	904	29	37	100	5	...	
		3'83	...	...	12	20'14	49	11	...	42	15	03	16	83	20	...	24	39	12'17	65'42	2'80	2'00	7'37	15	...	
Jhansi . . .	958	...	...	...	49	313	...	54	...	1	7	...	1	4	10	18	1	1	93	704	3	17	73	...	...	
		...	...	...	12	...	...	...	...	...	1	...	...	...	...	...	...	...	...	15	...	...	...	...	...	
		...	...	...	8'40	5'67	...	1'68	...	03	42	...	03	27	75	47	13	08	7'75	32'92	14	1'27	6'34	...	...	
Nowgong . . .	237	...	...	...	1	28	...	34	...	1	1	2	...	12	4	4	...	1	22	212	7	5	10	...	...	
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
		...	...	...	15	86	...	97	...	10	15	78	07	34	30	09	...	04	2'03	9'72	57	56	90	...	...	
Indore . . .	113	...	...	...	2	8	...	4	...	1	1	...	...	1	5	1	1	5	7	55	...	5	2	...	...	
		...	...	...	03	13	...	37	...	2	04	...	...	02	15	03	05	15	67	2'14	...	35	32	...	...	
Mhow . . .	1,752	1	...	...	39	304	4	16	...	7	32	2	7	33	48	35	4	29	81	1,377	19	10	52	6	...	
		11	...	...	12	...	...	...	...	...	...	...	1	...	1	...	4	...	...	21	...	...	...	...	...	
		...	...	...	9'71	9'51	31	1'39	...	25	2'41	93	85	2'02	2'29	1'11	35	1'43	7'55	74'73	1'46	1'62	4'47	94	...	
GROUP VIII—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	5,730*	57	...	...	134	1,385	24	113	...	27	62	7	14	132	93	125	15	64	475	4825	85	86	304	24	2	
		4'05	...	...	43	54'47	1'15	4'92	05	95	4'49	2'39	1'35	5'91	5'14	2'52	1'43	3'32	40'75	256'11	9'04	6'93	24'78	1'41	07	
A																										
Saugor . . .	304	...	...	...	5	87	...	16	...	1	3	...	1	1	11	2	1	8	27	259	8	5	14	1	...	
		...	...	...	1'36	3'96	...	60	...	03	29	04	10	...	42	1'42	05	44	58	1'87	16'36	60	42	85	02	
Jubbulpore . . .	976	5	...	...	21	158	...	52	...	...	14	...	2	4	17	26	2	12	87	948	14	17	56	2	...	
		04	...	01	5'32	8'23	...	3'27	...	...	1'10	...	34	2'23	3'01	2'04	03	1'05	8'48	53'60	3'15	69	5'24	01	...	
Kampti . . .	32	...	...	...	20	139	...	85	...	...	2	...	1	4	22	4	2	7	65	654	15	8	42	1	...	
		...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	...	...	...	...	...	
		...	...	...	2'54	4'37	...	3'10	...	...	67	68	07	25	1'35	1'0	16	31	9'99	40'52	2'56	80	6'63	01	...	
B																										
Secunderabad . . .	3,154	...	...	4	65	84	...	119	5	...	30	3	3	59	75	19	11	27	332	2,044	83	70	179	8	...	
		...	...	77	12'41	5'15	...	6'12	89	...	2'64	34	16	2'39	8'02	73	2'47	2'98	43'88	158'31	12'55	6'11	25'22	18	15	
Belgaum . . .	1,055	...	...	...	16	74	...	4	...	1	1	2	3	25	7	11	1	10	111	603	17	35	59	...	1	
		...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	02	
		...	...	...	3'08	2'27	...	12	...	03	15	77	19	1'54	38	26	10	66	13'51	40'89	2'63	3'15	7'73	...	...	
Poona . . .	1,901	1	...	...	23	267	...	34	2	2	122	1	6	32	32	38	8	15	186	1,373	33	29	124	5	...	
		01	...	...	5	...	...	...	...	1	6	...	...	...	...	...	...	...	...	18	...	...	...	...	...	
		...	...	...	3'60	9'89	...	1'68	08	03	14'81	04	47	1'71	2'18	1'60	4'08	1'20	19'12	91'48	3'38	2'54	13'20	03	...	
Kirkee . . .	877	5	...	...	8	76	...	...	...	2	7	1	3	18	20	8	3	10	64	517	17	15	32	5	...	
		34	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	5	...	...	...	...	...	
		...	...	...	1'40	3'64	...	...	...	09	34	37	09	47	95	18	32	66	8'92	29'82	2'47	2'64	3'81	14	...	
Ahmednagar . . .	1,061	2	...	1	28	36	...	34	1	...	17	1	1	28	15	55	6	12	122	879	28	32	62	...	5	
		15	...	05	4'37	2'02	...	2'49	12	...	1'80	15	15	1'42	1'25	1'95	68	93	19'69	64'40	4'13	2'29	13'27	...	24	
GROUP IX.—DECCAN	10,267*	13	...	5	186	921	...	344	8	6	195	10	20	212	199	165	34	101	994	7,277	215	211	568	22	7	
		54	...	83	34'14	39'53	...	17'38	1'09	18	21'80	2'39	1'57	10'43	18'56	6'91	2'28	8'37	125'46	495'38	31'47	18'04	75'95	44	41	
Colaba . . .	1,056	...	1	...	1	240	...	13	...	...	4	1	1	15	9	15	1	12	161	787	27	66	68	2	1	
		22	06	...	44	9'88	04	30	...	...	76	1'46	72	83	70	26	05	1'21	22'87	59'35	6	8'39	9'52	1	12	
Cannanore . . .	94	...	...	...	6	...	...	...	...	...	...	...	...	4	1	1	...	...	14	73	4	5	5	...	...	
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5'02	43	51	74	...	...	
Calicut . . .	85	...	...	...	2	2	...	...	...	...	...	...	...	...	...	2	...	...	16	49	1	2	13	...	...	
		...	...	...	39	14	...	...	...	...	...	...	...	...	...	08	...	...	1'97	3'78	15	36	1'46	...	...	
Malapuram . . .	138	...	...	...	10	...	...	...	...	...	2	...	...	2	1	1	...	...	13	103	4	...	9	...	...	
		...	...	...	...	...	...	...	...	...	19	...	...	...	...	03	...	...	1'54	4'34	55	...	90	...	...	
GROUP X.—WESTERN CGAST.	1,372*	...	1	...	3	259	...	13	...	...	6	1	1	21	11	19	1	12	204	1,012	36	73	95	2	1	
		22	06	...	83	10'31	04	20	...	...	95	1'46	72	1'14	87	48	14	1'21	28'06	72'49	6'00	9'25	12'71	17	12	

\*Derived from the aggregates



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.												2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.			
A																												
Bellary . . .	502 {	...	...	...	7 1	47 1	...	2 ...	...	14 ...	3 1	...	2 ...	22 ...	5 ...	...	...	3 ...	85 ...	412 2	21 ...	3 6 ...	28 ...	3 ...	...	...		
Bangalore . . .	2,197 {	2 ...	...	1 ...	62 7	61 2	...	100 ...	4 ...	...	12 1	13 3	37 1	44 ...	47 ...	4 2	32 ...	278 ...	1,651 17	103 ...	47 ...	128 ...	8 ...	...	...	...		
B																												
St. Thomas' Mount	284 {	...	...	...	3 2	2 ...	...	12 ...	...	2 ...	3 ...	...	3 ...	3 ...	2 ...	...	3 ...	62 ...	186 4	14 ...	17 ...	31 ...	...	...	...	...		
Madras . . .	553 {	1 ...	...	...	4 ...	39 1	...	7 ...	...	3 ...	10 1	2 ...	25 1	16 ...	3 ...	3 ...	2 ...	122 ...	605 6	28 ...	23 ...	71 ...	1 ...	2 ...	...	...		
GROUP XI.—SOUTH-ERN INDIA.	3,537 {	3 ...	...	1 ...	76 10	149 5	...	121 ...	4 ...	19 ...	28 2	3 ...	15 3	87 2	68 1	52 ...	7 ...	40 ...	547 ...	2,854 29	166 ...	123 ...	258 ...	12 ...	2 ...	...		
Ranikhet . . .	1,095 {	2 ...	...	...	30 5	116 4	...	5 ...	4 ...	...	27 1	...	...	3 ...	29 1	7 ...	1 ...	19 ...	90 ...	793 8	32 ...	8 ...	50 ...	9 ...	...	...		
Chaubattia . . .	543 {	10 ...	...	...	8 ...	12 ...	...	2 ...	...	...	8 ...	...	1 ...	3 ...	...	30 ...	2 ...	4 ...	5 ...	261 2	1 ...	...	4 ...	3 ...	...	...		
Chakrata . . .	1,230 {	20 ...	...	1 ...	13 3	127 5	...	2 ...	1 ...	1 ...	43 6	8 2	2 ...	34 1	6 ...	21 ...	2 ...	7 ...	104 ...	984 7	24 ...	27 ...	43 ...	...	...	...		
Lebong . . .	58 {	...	...	1 ...	...	11 ...	...	1 ...	2 ...	...	9 ...	1 ...	3 ...	7 ...	3 ...	4 ...	1 ...	...	51 ...	178 1	16 ...	8 ...	27 ...	...	...	...		
Solon . . .	255 {	...	...	...	7 1	31 ...	2 ...	5 ...	...	...	1 ...	...	...	2 ...	...	1 ...	1 ...	...	10 ...	138 1	3 ...	...	7 ...	...	...	...		
Dagshai . . .	743 {	...	...	...	1 ...	11 ...	1 ...	2 ...	...	...	3 ...	...	...	11 ...	2 ...	5 ...	1 ...	5 ...	28 ...	268 ...	7 ...	8 ...	13 ...	5 ...	...	...		
Subathu . . .	376 {	...	...	...	5 ...	17 ...	...	...	...	...	1 ...	...	1 ...	18 ...	...	3 ...	...	12 ...	27 ...	281 ...	8 ...	3 ...	16 ...	...	...	...		
Jutogh . . .	214 {	...	...	...	4 ...	6 ...	...	...	...	...	1 ...	...	...	1 ...	...	1 ...	1 ...	4 ...	5 ...	63 2	1 ...	...	4 ...	...	...	...		
Khairagali . . .	69 {	...	...	...	...	1 ...	...	...	...	...	...	...	...	...	...	1 ...	...	5 ...	...	22 ...	...	...	...	...	...	...		
Baragali . . .	48 {	...	...	...	...	...	...	...	...	...	3 ...	...	...	...	...	...	...	2 ...	1 ...	23 ...	...	...	1 ...	...	...	...		
Kuldanna . . .	450 {	2 ...	...	...	1 ...	65 3	...	7 ...	...	...	1 ...	...	...	6 ...	...	2 ...	...	4 ...	28 ...	244 ...	15 ...	3 ...	10 ...	3 ...	...	...		
Kalabagh . . .	55 {	...	...	...	...	4 ...	...	...	...	...	...	1 ...	...	...	...	...	1 ...	3 ...	4 ...	34 ...	3 ...	1 ...	...	...	...	...		
Camp Gharial . . .	486 {	6 ...	...	...	4 ...	64 1	...	4 ...	1 ...	...	9 ...	...	...	4 ...	1 ...	1 ...	...	4 ...	52 ...	364 1	30 ...	6 ...	16 ...	1 ...	...	...		
„ Barian . . .	538 {	8 ...	...	...	6 ...	115 1	...	4 ...	...	1 ...	7 ...	...	1 ...	11 ...	2 ...	7 ...	1 ...	7 ...	20 ...	442 2	10 ...	1 ...	9 ...	...	...	...		
„ Upper Topa . . .	313 {	...	...	...	7 ...	44 1	...	4 ...	...	...	5 ...	...	...	9 ...	...	1 ...	...	3 ...	21 ...	174 1	8 ...	...	13 ...	...	...	...		
„ Lower Topa . . .	42 {	...	...	...	1 ...	11 ...	...	1 ...	...	2 ...	...	...	...	...	...	1 ...	...	1 ...	1 ...	33 ...	1 ...	...	...	...	...	...		
Khan Spur . . .	723 {	4 ...	...	...	13 2	33 1	...	5 ...	...	...	5 ...	1 ...	...	5 ...	2 ...	1 ...	...	4 ...	24 ...	240 2	14 ...	2 ...	8 ...	3 ...	...	...		
Cherat . . .	484 {	166 7	...	...	4 ...	77 3	...	2 ...	...	1 ...	1 ...	...	...	8 ...	4 ...	8 ...	1 ...	3 ...	8 ...	451 4	1 ...	...	7 ...	4 ...	...	...		

\* Derived from the aggregates.



## EUROPEAN TROOPS, 1907.

TABLE IV—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables I—III have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Venereal Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhoea.	Tania.	Other Entozoa.	
Quetta . . .	2,663	8 20	...	2 23	47 850	218 1341	...	197 475	29 217	...	41 542	1 17	19 139	61 264	14 84	28 57	1 41	8 61	59 818	1,707 9177	23 286	3 26	33 506	18 128	...	
Maymyo . . .	779	...	...	...	1 05	90 338	33 249	88 307	1 06	...	5 47	2 2	4 32	20 105	3 12	1 02	1 06	4 40	98 1262	610 3931	27 427	35 474	36 361	...	...	
GROUP XIIa.—HILL STATIONS.	11,689	226 937	...	4 48	152 3857	1,153 4508	36 288	329 1011	38 264	5 25	160 1987	15 515	31 219	233 1237	71 617	123 410	14 276	99 638	636 8724	7,310 45541	224 3254	115 1428	297 4042	46 202	...	
Darjeeling . . .	357	...	...	...	2 159	38 119	...	14 88	...	...	3 44	...	...	1 04	2 08	2 10	1 11	4 11	30 334	183 1430	13 134	3 75	14 125	...	...	
Naini Tal . . .	177	...	...	...	...	13 59	...	1 27	...	...	2 08	...	...	...	...	1 02	...	10 98	9 190	84 855	1 65	2 50	6 75	...	...	
Landour . . .	163	...	...	...	...	44 217	...	1 07	...	...	4 90	4 44	...	1 05	1 33	1 06	...	2 02	15 202	111 1019	3 57	1 08	11 137	...	...	
Kasauli . . .	415	10 30	...	...	11 235	95 294	...	1 03	1 03	...	8 49	2 66	2 12	4 21	4 11	8 31	1 13	10 110	4 44	331 2394	1 25	2 11	1 05	2 06	...	
Dalhousie . . .	803	6 38	...	...	4 91	31 130	...	3 40	...	...	7 108	1 35	...	10 21	1 46	3 12	...	7 30	64 768	376 2592	24 308	...	40 460	...	...	
Murree . . .	127	...	...	...	...	27 2	...	2 02	...	...	1 47	...	...	1 31	...	...	...	2 23	8 149	72 2908	2 65	2 35	4 49	...	...	
Mount Abu . . .	141	...	...	...	...	57 02	...	...	...	...	2 14	2 63	...	8 33	3 12	4 18	5 90	3 16	139 766	5 16	...	...	...	...	...	
Pachmarhi . . .	142	1 02	...	...	4 67	93 260	3 14	4 16	...	...	1 36	...	...	5 49	4 19	13 61	2 20	4 25	5 50	192 884	...	3 14	2 36	2 04	...	
Purandhur . . .	108	...	...	...	...	12 48	...	...	...	...	15 15	...	...	7 33	2 18	2 07	1 12	4 20	10 146	112 780	6 199	1 05	3 22	1 02	...	
Khandalla . . .	62	...	...	...	...	31 02	...	...	...	...	9 34	...	...	5 18	3 07	3 09	...	1 07	15 100	95 353	13 75	1 12	1 13	...	...	
Wellington . . .	1,014	...	...	...	6 228	178 837	...	5 44	...	...	17 170	7 150	2 39	30 150	15 56	...	5 86	5 23	195 2142	1,105 7952	39 643	88 811	68 688	8 18	...	
GROUP XIIb.—HILL CONVALESCENT DEPOTS, AND SANITARIA.	3,515	17 84	...	...	28 1320	619 3371	3 16	31 353	1 03	1 39	69 645	16 372	5 77	72 431	35 207	37 162	15 246	58 407	358 4141	2,800 21940	105 1507	103 1024	150 1610	13 31	...	
Troops marching, India.	1,755	4 02	...	2 11	22 10	230 110	1 01	24 07	...	1 01	10 07	1 ...	4 ...	29 13	10 02	16 09	5 03	14 06	121 57	885 463	26 17	29 14	66 26	...	...	
Deolali Depot . . .	718	2 05	...	...	1 18	190 771	...	3 08	...	2 03	5 18	3 69	...	7 17	6 31	4 06	...	6 36	119 1218	578 3114	30 305	34 347	55 566	2 04	...	
Poonamalce Depot . . .	114	...	...	...	...	16 302	1 91	2 75	...	1 21	3 316	1 12	...	2 86	6 189	...	1 33	...	18 1443	116 3982	11 763	3 146	4 534	...	...	
EXTRA INDIA. Aden . . .	1,099	4 41	...	...	4 78	146 601	3 33	75 2	...	2 18	23 136	2 41	2 14	19 150	16 117	47 115	1 04	20 85	71 854	934 4674	15 171	15 165	41 518	...	...	

\* Derived from the aggregates.



STATIONS AND ARMIES.		Average annual strength.	1. ADMISSIONS.										2. DEATHS.					3. CONSTANTLY SICK.									
			Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Rheumatic Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Veneral Diseases.	ALL CAUSES.	Syphilis.	Soft Chancre.	Gonorrhœa.	Tænia.	Other Entozoa.	
INDIA.	† Remaining from 1906	69,332	3	...	2	171	849	21	48	3	1	81	24	37	79	76	17	25	29	866	3,590	232	172	462	2	1	
	Admissions		864	3	30	910	10,538	124	2,553	59	187	856	114	195	1,520	813	1,012	165	750	6,236	52,440	1,542	1,369	3,325	207	19	
	Total deaths		...	2	1	192	9	5	...	...	26	42	14	24	8	23	...	70	3	3	567	3	...	...	...	...	
	Deaths out of Hospital.		...	...	...	...	...	1	...	...	7	5	...	...	...	...	...	1	...	...	64	...	...	...	...	...	
	Constantly sick.		29'04	'07	3'11	200'40	434'05	9'91	100'30	5'79	8'38	89'10	28'82	19'00	70'87	67'00	32'30	25'41	44'57	735'27	3,215'61	209'43	135'72	390'12	6'74	2'37	
	Average duration of a case in days.		12'27	8'52	37'84	80'38	15'03	29'17	14'34	35'82	16'36	37'99	92'27	35'56	17'02	30'08	11'65	56'21	21'69	43'04	22'38	49'57	36'19	42'82	11'88	45'53	
NORTHERN ARMY (G C B)		* 36,551	801	2	20	446	5,818	55	1171	15	131	397	69	109	836	312	487	69	449	2,929	27,177	738	548	1,643	116	4	
			...	2	...	95	5	1	...	...	25	16	10	15	4	12	...	33	3	1	305	1	...	...	...	...	
			26'96	'01	1'86	108'50	265'79	3'23	45'23	1'06	6'36	42'49	16'66	10'41	37'29	28'15	15'92	9'34	23'56	346'50	1,670'83	97'67	58'06	190'77	2'79	'92	
SOUTHERN ARMY		* 31,026	59	1	8	442	4,490	68	1,358	44	55	449	44	82	655	491	509	91	287	3,186	24,378	778	792	1,616	91	15	
			...	...	1	97	4	4	...	...	1	26	4	9	4	11	...	37	...	2	258	2	...	...	...	...	
			2'06	'06	1'14	91'80	167'16	6'67	55'00	4'73	2'01	46'54	12'16	8'59	33'45	38'83	16'29	16'04	20'95	383'20	1,540'15	111'59	77'52	199'09	3'95	1'45	

GROUPS AND ARMIES.		1. STRENGTH.					2. CONSTANTLY SICK.							TOTAL.
		Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	
GROUP I.—BURMA COAST AND BAY ISLANDS.	{	1,234	1,312	1,331	1,326	1,314	1,308	1,287	1,281	1,330	1,272	1,245	1,282	15,522
		50'19	56'85	57'39	75'23	68'55	50'23	61'26	72'06	63'57	47'74	45'83	57'81	706'71
" II.—BURMA INLAND	{	1,156	1,705	1,789	1,729	1,807	1,925	1,896	1,917	1,847	1,731	1,676	1,549	20,727
		68'66	84'92	55'65	54'96	73'41	92'76	75'96	87'83	93'20	83'50	80'03	81'02	931'91
" IV.—BENGAL AND ORISSA.	{	3,566	2,797	2,107	1,972	1,889	1,693	1,587	1,533	1,539	1,483	1,687	1,585	23,438
		161'65	162'24	137'87	109'33	77'13	67'40	69'16	84'38	109'30	104'38	96'73	100'00	1,279'57
" V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	{	5,613	7,437	7,848	6,353	5,785	5,650	5,653	5,772	5,853	6,791	7,756	8,162	78,673
		238'34	276'49	310'85	294'24	245'17	243'47	299'29	274'94	268'50	323'63	327'80	313'79	3,416'51
" VI.—UPPER SUB-HIMALAYA.	{	16,172	20,147	19,304	15,002	10,203	9,286	9,179	9,204	9,320	11,140	13,878	17,857	160,692
		907'32	832'03	703'74	530'79	429'34	344'97	416'20	417'90	401'32	520'06	756'03	845'23	7,164'93
" VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	{	6,001	5,302	5,885	5,319	3,612	3,302	3,255	3,205	3,239	3,526	5,854	6,954	55,454
		447'49	367'33	265'74	199'43	177'64	163'06	176'67	191'51	182'11	215'06	321'30	361'68	3,069'02
" VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	{	5,582	6,275	6,277	5,685	5,453	5,426	5,459	5,601	5,617	5,763	5,928	5,593	68,759
		350'96	297'00	270'58	270'53	255'99	216'00	226'80	247'96	250'77	257'25	263'17	166'28	3,073'29
" IX.—DECCAN	{	10,827	10,381	11,216	10,337	9,971	9,934	10,032	10,052	10,029	10,326	9,903	10,116	123,124
		633'64	652'18	600'90	474'31	410'52	406'52	454'91	472'7	432'98	492'29	443'80	409'70	5,944'53

Note.—Constantly sick × 365 = total annual loss of service.

\* Derived from the aggregates.

† Remaining + admitted = total treated; remaining + admitted + died out of hospital = total cases.



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TABLE IV—concluded.

GROUPS AND ARMIES.		1. STRENGTH.												2. CONSTANTLY SICK.		TOTAL.
		Jan.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.			
GROUP X.—WESTERN COAST	{	1,404	1,473	1,509	1,433	1,344	1,316	1,326	1,363	1,438	1,196	1,277	1,390	16,469		
		80'09	82'67	84'73	62'27	69'58	74'56	83'31	81'33	66'30	58'04	58'34	68'71	869'93		
„ XI.—SOUTHERN INDIA	{	3,554	3,398	3,568	3,523	3,535	3,541	3,544	3,592	3,586	3,623	3,542	3,440	42,446		
		244'96	240'03	221'03	225'20	204'64	191'42	209'45	237'97	221'93	213'13	171'50	183'56	2,565'22		
„ XIIa.—HILL STATIONS	{	3,730	3,748	5,025	10,476	16,875	18,698	18,718	18,612	18,438	15,261	6,783	3,904	140,268		
		205'35	185'00	169'35	303'76	562'50	709'26	727'73	795'86	775'52	606'51	287'70	135'54	5,455'08		
„ XIIb.—HILL CONVALESCENT DEPÔTS, AND SANI- TARIA.	{	1,233	1,281	1,796	3,993	5,715	5,678	5,547	5,275	5,121	3,668	1,577	1,290	42,174		
		104'66	89'49	90'25	180'73	285'17	299'87	332'97	371'49	368'57	246'96	175'91	86'66	2,632'73		
INDIA . . . . .	{	66,413	70,057	70,934	70,641	70,035	69,629	69,331	69,231	69,495	69,095	67,952	69,167	831,980		
		3,658'20	3,488'66	3,094'63	2,874'33	2,969'05	2,986'71	3,257'57	3,461'69	3,459'39	3,265'53	3,154'27	2,917'33	38,587'36		
NORTHERN ARMY . . . . .	{	31,750	36,615	37,638	37,516	58,273	38,600	38,400	38,311	38,333	36,650	32,189	34,331	438,606		
		1,853'41	1,716'12	1,537'29	1,427'47	1,545'11	1,567'78	1,752'67	1,830'74	1,836'10	1,707'75	1,699'26	1,576'22	20,049'92		
SOUTHERN ARMY . . . . .	{	30,455	30,960	32,030	31,513	31,105	31,018	30,896	30,879	30,779	31,101	30,889	30,689	372,314		
		1,792'67	1,762'22	1,556'38	1,444'34	1,420'34	1,418'93	1,504'78	1,630'35	1,621'97	1,555'26	1,440'97	1,333'67	18,481'88		



## TABLE V.

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

(The ratios of sickness and mortality will be found in Table III.)

### NORTHERN ARMY.

**Ferozepore.**—There are a number of ditches in which water collects and measures for draining and filling these are under consideration. A scheme is being devised by which the harmful influence of the Fort ditch will be greatly lessened. The distribution of drinking water from wells by means of buckets may occasionally leave an opening for contamination. A piped water supply is now being installed for the Ordnance subordinates. In the Sudder *bazaar* sub-soil water might be contaminated through the sullage water from cesspools now in use, but a scheme for sullage water drainage is under consideration. The system of syphons at culverts in Cantonments is insanitary. Several minor works for the improvement of the sanitation were executed during the year and others are under consideration.

The Principal Medical Officer of the 3rd (Lahore) Division remarks:—"The most important measure for improving the health of the station is now being carried out—I refer to the Fort moat. The irregular surface of the bottom of the moat is being rapidly levelled and ploughed and a well graded drain is being made down the centre. This should enable all surface water to be carried into the sump pits, and any surplus water is to be pumped out as often as necessary, under the orders of the officer in charge of the arsenal. I hope to see a great reduction in the number of cases of malaria, as a result of the above work, during the next rainy season."

The General Officer Commanding the Ferozepore Brigade remarks that it is satisfactory to find that the recommendations made in last year's report are receiving attention, and although it is feared that lack of funds will prevent their being carried out in their entirety, progress has been made. The buildings of the Government Dairy are in course of construction, the Fort ditch—the alleged source of much fever—has been drained and cultivated and other sanitary reforms undertaken.

**Amritsar.**—The drainage in Cantonments has been much improved during the year, but the Durgiana and Sant Ram's tanks near the Fort are most insanitary and a large tank close to, though outside, the Cantonment is much used as a latrine. The wells used for drinking purposes in barracks are just close to the main drain. The *Gawal Mandi bazaar* on the borders of Cantonments, and the latrine in it, are most filthy and insanitary. Small-pox and plague have frequently occurred in this *bazaar* during the past year and enteric fever, it is well known, occurs among the natives too. No. 15 Bungalow and compound, used as the Salvation Army head-quarters, is overcrowded, has most deficient latrine accommodation, and as a rule is kept in a most insanitary condition. The ground on which the Horse Fair is held twice a year becomes a large latrine owing to the thousands of natives, horses, mules, donkeys, camels, etc., which are assembled; flies in millions swarm from it into the barracks and cook-houses in the Fort and the food for the troops is covered with them; and the dust generally exists in a continuous cloud till the fair is over. The place where the Municipality have their night soil deposited is too close to the Cantonment General and Native Infantry hospitals and the stench is overpowering when the wind blows from that direction.

The Cantonment Committee make the following suggestions for remedying the defects brought to notice:—

The removal of the annual Horse Fair to some spot outside Cantonments, as at its close the ground remains for weeks in a filthy condition. The attention of the Municipal authorities has been called to this menace to the health of the troops specially in Fort Govindgarh, where most of the cases of enteric have initiated. Steps have been and are being taken to reduce malarial fever amongst the troops by filling in hollows, pits, etc., where stagnant water exists. The Municipal authorities have been asked to prevent the large insanitary pond on the east side, behind the Civil Court yard, but outside Cantonments, being daily used as a latrine. The latrines in the British Infantry lines, which were too near the cook-houses, have been closed and one has been entirely removed. Another site has been purchased, but authority is still awaited to take it over from the Civil authorities and bring it into immediate use. Nothing can be done as regards the site of Fort Govindgarh ground. To ensure adequate sanitary measures being carried out the obvious remedy is to increase the present staff. At present only one man is employed on each of the entrenching grounds, which are two miles apart, at Rs. 5 a month, and it is hoped that sanction will be accorded for an increase of *bildars* and an overseer to supervise; and that the Salvation Army will shortly vacate their quarters, also that steps will be taken on the representation made to the Deputy Commissioner to remedy the shameful state of insanitation so near Cantonments.

The Principal Medical Officer of the Sirhind and Jullundur Brigades remarks that this Cantonment must be regarded as not in a satisfactory condition. In 1907 it had the second highest admission rate per 1,000 for enteric fever in India and it has also been attacked by plague and cholera. The Cantonment is badly situated, being much too near a large city and in addition to this a *bazaar* exists in close proximity to the British Infantry lines, and the *Gawal Mandi bazaar* is also a great source of danger. As it is a small station it suffers from lack of funds and insufficiency of sanitary establishment, and he considers it desirable that special sanction be applied for to increase the conservancy establishment. Representations have been made regarding the latrines, cook-houses and urinals which are too close together in the British Infantry lines and a latrine and urinal have been closed, but a more comprehensive scheme for remodelling these barracks in accordance with modern ideas is necessary. As regards the proximity of trenching grounds to barracks (a) in Cantonments a new site has been selected and formal sanction for taking over the ground is all that is required; (b) in Fort Govindgarh the Officer Commanding has been asked to take necessary action and the Standing Barrack Committee will shortly assemble to select a new site. The insanitary condition of the ground during the time the Horse Fair is held has been represented to the Civil authorities with a request that the site may be changed on sanitary grounds, and their reply is awaited. Great complaints have arisen regarding inattention to sanitary conditions of parts of the Municipality adjacent to Cantonments, and the matter has been brought to the notice of the Municipal authorities who have made some attempts to remove the defects complained of. The provisions of the Cantonment Code have been applied to remedy the overcrowded condition of the compound in Cantonments occupied by the Salvation Army. The drinking water well in the British Infantry lines is badly placed near the *main nullah* and the water is being examined to see if any contamination occurs after rain, and if so a new well will be required.

The Major-General Commanding the Jullundur Brigade remarks that this Cantonment is in a very unsatisfactory state, but the Committee are partly to blame about the Horse Fair ground, as the arrangement is that the ground is to be cleaned up within a fortnight of the fair ending. This was not done this year, nor were the Civil authorities remonstrated with for not carrying out their promise. Orders were issued to stop all cow dung cakes being made on the ground near the *Gawal Mandi*, to increase the police and to stop the ditch being used as a latrine. The Factory for pressing grass,—where the sanitation arranged for by the Municipality was disgraceful—has been taken over by the Military authorities. The principal defects of this Cantonment are due to its situation and an increase of the conservancy staff can not remedy the want of sanitary effort on the part of the Municipal authorities. He considers that the trenching ground of the Municipality which is only 490 yards from the General Hospital is an undoubted danger. The station is also unfortunate, inasmuch as it is small, has no continuity of administration, no permanent Cantonment Magistrate, and the Commanding and Staff Officers are being continually changed. On the other hand the administration of the Cantonment is complicated, as there is a large civil population, and the close proximity of the city and villages under the control of the Municipality give rise to many difficult questions connected with sanitation, etc. Closer co-operation between the Civil and Military authorities is being arranged, so that steps may be taken to keep the neighbourhood of Cantonments in better sanitary order.

**Agra.**—The main drain leading from the barracks and hospital to the city drain was found to be foul during the hot weather months; but this was rectified on the matter being represented and a systematic method organised for keeping it clean. The moat around Agra Fort afforded as usual a good breeding place for mosquitoes. Fish were put into it with good results, but a better and more satisfactory working of the flood gates opening into the river is desirable. A pond near the Native Infantry hospital should be filled up, as it also affords a good breeding place for mosquitoes. The entire surface drainage should be remodelled, and *pucca* drains provided. An expenditure of about Rs. 1,542 was incurred during the year on minor improvements.

The Cantonment Committee offer no suggestions.



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## TABLE V—concluded.

### ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The Principal Medical Officer of the 7th (Meerut) Division remarks that the scale of carts for the removal of cook-house water should be increased. Great care is taken of the meat up to the ration stand, but here it is exposed to dust and flies; and he advises that the verandah of the stand should be gauzed in. The floors of the urinals and latrines should be made *pucca* and the new pattern lid supplied to all receptacles.

**Rurki.**—There are three *jheels*, two near the hospital and one near the Landhaura level crossing which join in the rains. The numerous brick fields that are worked just outside Cantonment limits are great breeding places for mosquitoes. The water supply is sufficient and of good quality when boiled, but the digging of trenches for troops marching through and occupying the camping ground is a distinct danger as the trenches are on the water supply. The Sappers and Miners' *bazaar* is a source of danger to the health of the troops and should be moved. The British troops have their latrines too close to their kitchens and covers should be provided for each seat. A washing *ghat* is also urgently required.

The Cantonment Committee state that proposals and estimates are being forwarded for providing latrine accommodation for the camping ground, also for additional latrine accommodation in Cantonments generally; and that sanction is awaited to the acquisition of land for new trenching grounds outside present Cantonment boundaries, which has been approved by the General Office Commanding the Division and the Local Government; and also to the reconstruction on a fresh site of the Sappers and Miners' *bazaar* and Followers' lines.

The Principal Medical Officer of the Bareilly and Garhwal Brigades remarks that proper latrines should be provided for the camping ground and the night soil removed as trenching in the vicinity is objectionable. He suggests the treatment of the night soil by a septic tank as the land available for trenching is limited; and also that the Sappers and Miners' *bazaar* should be removed to the selected site.

The Brigadier-General Commanding the Garhwal Brigade states that steps are being taken to remedy the points reported on.

**Fort William.**—There are no marshes in the Fort, but the encircling moat is a likely breeding place for mosquitoes. The general drainage is not very satisfactory. The drains are old and have an insufficient fall, necessitating a deal of hand labour. The drinking water is well filtered and water for washing purposes comes from the Havildars' tank outside; this double supply however is a source of danger. Several minor improvements in the hospital, barracks, drains and latrines were carried out during the year.

The Cantonment Committee make the following suggestions:—I. In the Fort itself—(a) A complete water carriage system should be introduced when funds permit. (b) If the double water-supply is necessary for military reasons, the water from the Havildars' tank should be periodically examined, so that if found contaminated it may be temporarily cut off. II.—In the Station Hospital—(a) an extension of the water carriage system of excreta removal is advisable; and (b) the fitting of electric fans to replace the motor *punkha* system is desirable.

The Principal Medical Officer of the Presidency and Assam Brigades and the Brigadier-General Commanding the Presidency Brigade offer no remarks.

**Barrackpore.**—The chief defect of the drainage of Cantonments is a branch of the main drain running north and south near the Native Infantry lines; the Moti *jheel* situated in the Viceroy's park and adjoining Cantonments is insanitary and the drains of the Grass Farm are decidedly defective. The drains in the Sudder *bazaar* are still imperfect, several empty into tanks instead of leading out into the main drain from which all the sullage and dirty water flows into the river. The *bazaar* itself is still overcrowded in parts and the demolition of houses would, in their present sanitary condition, prove an advantage. The Mahomedan burial ground adjoining Cantonments is still a danger and nothing has been done to remedy the evil. Several minor works of improvement and repairs to drains, latrines and buildings were carried out during the year.

The Cantonment Committee make the following suggestions:—(I) That the branch of the main drain should be made *pucca* throughout its whole length, as at present it is impossible to prevent the accumulation of water and mud and it affords one of the best places in Cantonments for the breeding of mosquitoes. An allotment will be made from the Cantonment Fund for 1908-1909 for the construction of this drain so far as it comes under the control of the Cantonment authorities and the Military Works will be addressed with a view to their having their portion constructed. They state that there has been considerable correspondence about the *jheel* in the Viceregal park and that the matter was brought prominently before the Lieutenant-General Commanding 8th (Lucknow) Division at his inspection. The drains in the Sudder *bazaar* require to be made *pucca* and until this is done they should be regularly and continually dressed and kept free from all overgrowth to enable the mosquito brigade to do effective work there which they are at present unable to do. They consider that the Mahomedan burial ground should be closed as soon as possible and new ground further from Cantonments made available for this purpose. This matter was also brought to the attention of the Lieutenant-General Commanding who wired to the Civil authorities asking for immediate action to be taken. The demolition of certain houses in the Sudder *bazaar* has already been carried out and further demolition and thinning out are under consideration. The drains of the Sudder *bazaar* will receive attention and money is to be provided for the execution of this very necessary work during 1908.

The Principal Medical Officer of the Presidency and Assam Brigades remarks.—“The chief measures to be adopted are (1) the more effectual drainage and, where water cannot be got rid of, kerosine oil or tar should be used; (2) the removal of the Mahomedan burial ground.”

The Brigadier-General Commanding the Presidency Brigade remarks that “all the points brought to notice have already been reported on, and steps are being taken, or will be taken when money is available, to remedy them.”

### SOUTHERN ARMY.

**Ahmednagar.**—The fields round Bhingar and Waderwadi villages are freely used as latrines and the field between the latter and Northcote Road which the British troops pass daily on their way to the range is particularly offensive, as there are no latrines in this village. The collection of native houses between Framjee's bungalow and the Section Hospital is always more or less of a nuisance from a sanitary point of view and should be removed. Several minor works to improve the sanitary condition of the station were executed during the year.

The Cantonment Committee suggest that latrines, which are urgently needed, be provided in Waderwadi village and that the *basti* between Framjee's bungalow and the Section Hospital be removed.

The Brigadier-General Commanding the Brigade remarks, and the Principal Medical Officer of the (6th) Poona Division concurs with him, that the sanitary state of the Cantonment generally is satisfactory, the station however has still an unkempt appearance and the services of a whole-time experienced Cantonment Magistrate are urgently required. He adds that the Collector will be addressed regarding the latrines in Waderwadi village and that application was made for funds to enable the *basti* near Framjee's house to be removed, but the Quarter Master General had none to spare this year.



TABLE VI.

INFLUENZA by months, stations, groups,  
and armies.

TABLE VII.

CHOLERA by months, stations, groups,  
and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Rangoon . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	...	...	...	...	3	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo . . . . .	2	1	...	...	...	...	...	...	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND	2	1	...	...	...	...	...	...	1	2	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort William . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Dum Dum . . . . .	...	...	...	...	...	...	...	...	2	2	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . . . .	...	...	...	...	...	...	...	2	4	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .	...	1	...	...	...	...	...	2	6	2	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	1	...	...	...	...	1
Fatehgarh . . . . .	...	...	5	1	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . .	...	...	5	1	...	...	...	...	...	...	...	...	6	...	...	...	...	...	...	...	1	...	...	...	...	1
Shahjehanpur . . . . .	7	4	2	...	...	...	...	...	...	...	...	4	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . . . .	1	6	1	...	...	1	...	...	...	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Rurki . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	...	...	...	1	2	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala . . . . .	6	1	2	...	...	...	...	...	...	...	4	1	14	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	...	1	...	...	...	...	...	...	...	1	10	4	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Amritsar . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Lahore Cantonment . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi . . . . .	...	1	...	2	...	...	...	...	6	1	...	2	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Campbellpore . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	15	13	5	3	3	1	1	...	6	2	14	24	87	...	...	...	...	...	...	...	...	1	...	...	...	1
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	...	...	...	2	22	17	9	35	14	23	17	6	145	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar . . . . .	30	15	10	10	58	48	5	28	13	42	2	1	262	...	...	...	...	...	...	...	...	...	...	...	...	...
C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi . . . . .	3	...	...	1	...	...	1	...	...	1	2	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . .	33	15	10	13	80	65	15	63	27	66	21	7	415	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Muttra . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra . . . . .	1	8	3	...	...	...	...	...	11	13	10	7	53	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—SOUTH-EAST-ERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT	1	8	4	...	...	...	...	...	11	13	10	10	57	...	...	...	...	...	...	...	...	...	...	...	...	...
A	...	...	...	...	5	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore . . . . .	...	...	...	...	5	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee . . . . .	...	...	...	4	1	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar . . . . .	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	...	...	...	4	6	...	1	1	1	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table III.



EUROPEAN TROOPS, 1907.

TABLE VI—*concluded.*

*INFLUENZA by months, stations, groups,  
and armies.*

STATIONS*, GROUPS AND ARMIES.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Colaba . . . . .	...	...	..	..	..	..	..	..	..	..	..	..	..
GROUP X.—WESTERN COAST	...	...	...	...	..	..	..	..	..	..	..	..	..
A													
Bangalore . . . . .	...	..	...	I	I	..	...	..	..	..	..	..	2
B													
Madras . . . . .	...	...	...	...	...	I	..	..	..	..	..	..	I
GROUP XI.—SOUTHERN INDIA	...	...	...	I	I	I	...	...	...	...	...	...	3
Ranikhet . . . . .	I	...	I	...	...	...	...	...	...	...	...	...	2
Chaubattia . . . . .	...	...	...	7	3	...	...	...	...	...	...	...	10
Chakrata . . . . .	...	...	...	2	I	4	I	2	3	7	...	...	20
Kuldanna . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	2
Camp Gharial . . . . .	...	...	...	...	...	3	2	I	...	...	...	...	6
„ Barian . . . . .	...	...	...	...	3	...	2	2	I	...	...	...	8
Khan Spur . . . . .	...	...	...	...	...	...	...	3	I	...	...	...	4
Cherat . . . . .	...	...	...	...	I	26	35	64	3I	9	...	...	166
Quetta . . . . .	I	7	...	...	...	...	...	...	..	...	...	...	8
GROUP XIIa.—HILL STA- TIONS . . . . .	2	7	I	9	8	33	40	69	40	17	...	...	226
Kasauli . . . . .	...	...	...	...	...	3	7	...	...	...	...	...	10
Dalhousie . . . . .	...	...	...	3	2	I	...	...	...	...	...	...	6
Pachmarhi . . . . .	...	...	...	I	...	...	...	...	...	...	...	...	I
GROUP XIIb.—HILL CON- VALESCENT DEPÔTS, AND SANITARIA . . . . .	...	...	...	4	2	4	7	...	...	...	...	...	17
Troops, marching, India	I	I	...	...	...	...	...	...	...	...	I	I	4
Deolali Depôt . . . . .	...	2	...	...	...	...	...	...	...	...	...	...	2
EXTRA INDIA.													
Aden . . . . .	...	...	...	4	2	5	3	...	...	...	...	...	14
INDIA . . . . .	54	48	25	39	105	109	67	135	92	102	46	42	864
NORTHERN ARMY . . . . .	47	37	24	28	93	103	62	134	90	99	43	41	801
SOUTHERN „ . . . . .	6	10	I	11	12	6	5	I	2	3	2	...	59

TABLE VII—*concluded.*

*CHOLERA by months, stations, groups,  
and armies.*

[illegible]



EUROPEAN TROOPS, 1907.

TABLE VIII.

ENTERIC FEVER by months, stations, groups, and armies.

TABLE IX.

SIMPLE CONTINUED FEVER by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	1	2	1	1	...	...	...	7	
Rangoon . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	14	12	14	64	19	13	10	9	6	8	13	26	208	
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	14	12	15	64	20	14	12	10	7	8	13	26	215	
Thayetmyo . . . . .	...	...	2	...	...	3	2	2	...	...	...	...	9	4	...	2	3	...	4	5	3	6	6	10	10	53	
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	2	3	...	...	1	4	3	4	5	...	24	
Fort Dufferin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	4	2	...	...	...	1	1	...	...	3	6	6	23	
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	5	5	...	1	...	...	...	...	4	1	...	...	16	
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	3	
GROUP II.—BURMA INLAND . . . . .	...	...	2	...	...	3	2	2	...	...	...	...	9	13	9	4	7	...	5	10	7	9	17	22	16	119	
Fort William . . . . .	...	...	1	1	...	...	1	...	...	...	2	...	5	4	4	1	2	1	13	20	20	39	35	17	27	183	
Dum Dum . . . . .	...	...	...	...	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	
Barrackpore . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1	
GROUP IV.—BENGAL AND ORISSA . . . . .	...	...	2	1	...	...	1	2	...	...	2	...	8	4	4	1	2	1	13	20	20	40	35	17	27	184	
B																											
Dinapore . . . . .	...	...	...	...	...	...	...	6	...	...	...	1	7	...	...	1	8	9	2	5	...	...	4	10	6	45	
Benares . . . . .	...	...	1	...	1	1	1	...	1	...	1	4	10	...	...	...	...	...	...	...	...	...	...	...	...	...	
Allahabad . . . . .	...	1	1	...	...	...	1	...	...	2	...	...	5	...	...	...	1	2	...	10	...	1	3	3	2	22	
Fyzabad . . . . .	1	1	1	2	...	...	1	...	...	...	...	1	7	3	...	4	5	1	5	40	18	8	5	13	10	112	
Sitapur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	2	2	...	...	1	1	...	9	
Lucknow . . . . .	1	1	7	4	6	2	...	3	1	...	2	2	29	1	...	...	10	7	3	5	7	2	1	...	...	36	
Cawnpore . . . . .	2	6	...	...	...	...	...	...	...	2	...	1	11	...	...	...	14	2	1	13	12	1	1	3	6	53	
Fatehgarh . . . . .	1	...	1	1	...	...	...	...	...	...	...	...	3	...	...	...	1	...	...	...	...	...	...	...	...	1	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	5	9	11	7	7	3	3	9	2	4	3	9	72	4	...	8	39	21	13	75	37	12	15	30	24	278	
A																											
Shahjehanpur . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	1	2	3	...	1	1	...	9	
Bareilly . . . . .	2	1	1	7	...	...	...	...	...	...	1	...	12	...	1	1	3	2	...	...	...	1	1	...	1	10	
Rurki . . . . .	...	1	...	2	...	1	2	2	...	...	...	1	9	...	...	...	...	8	6	4	1	1	...	...	1	21	
Meerut . . . . .	1	2	6	2	2	3	...	...	...	...	...	2	18	...	1	1	...	...	...	...	...	...	...	...	...	2	
Delhi . . . . .	3	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	8	...	3	...	...	...	...	...	...	11	
Ambala . . . . .	4	1	4	1	2	2	1	...	1	1	...	...	17	...	1	...	1	4	1	1	6	...	4	...	3	21	
B																											
Jullundur . . . . .	...	2	...	...	1	...	2	3	...	2	...	...	10	...	...	...	1	...	...	...	...	3	1	...	...	5	
Ferozepore . . . . .	...	1	1	6	2	...	...	...	1	...	...	...	11	...	...	...	9	25	13	18	37	26	18	16	4	166	
Amritsar . . . . .	...	...	...	...	2	2	1	3	...	...	3	2	13	...	1	...	2	2	2	1	...	12	1	3	1	25	
Lahore Cantt. . . . .	2	...	...	1	1	...	...	...	2	1	...	2	9	...	...	1	10	10	5	6	3	9	8	...	...	52	
Fort Lahore . . . . .	1	...	...	...	1	1	...	1	5	...	...	1	10	...	...	...	10	8	5	2	3	14	5	3	2	52	
Sialkot . . . . .	2	...	...	...	3	11	1	...	4	1	...	2	24	2	1	4	12	2	...	...	...	...	...	...	...	21	
Rawalpindi . . . . .	1	2	...	4	2	5	3	5	3	2	1	6	34	2	1	6	9	21	20	24	19	3	11	5	4	125	
Campbellpore . . . . .	...	...	...	...	1	3	2	...	...	1	1	1	9	...	3	1	...	2	1	6	7	9	9	1	...	39	
Attock . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	1	13	6	24	
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	17	10	13	23	17	28	12	14	16	8	6	17	181	5	9	14	57	93	56	68	79	75	62	43	22	583	
A																											
Nowshera . . . . .	2	1	...	...	...	...	...	1	...	2	2	...	8	...	...	...	...	...	...	1	...	...	...	...	...	1	
Peshawar . . . . .	...	1	...	...	1	...	4	3	...	...	1	1	11	...	...	...	...	...	...	...	...	...	...	...	1	1	
Multan . . . . .	4	1	...	...	2	3	...	...	...	...	3	...	13	6	...	2	4	...	11	21	1	7	3	...	...	55	
C																											
Hyderabad . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	15	21	24	...	62
Karachi . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	6	3	...	1	4	3	4	4	...	2	6	1	34	6	...	2	4	1	11	23	1	7	18	21	25	119	

\* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table III.



## EUROPEAN TROOPS, 1907.

TABLE VIII—concluded.

ENTERIC FEVER by months, stations, groups,  
and armies.

TABLE IX—concluded.

SIMPLE CONTINUED FEVER by months, stations,  
groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
<b>B</b>																										
Neemuch . . . . .	...	1	2	1	1	...	...	...	...	1	1	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . . . . .	...	...	...	2	1	...	...	...	...	...	1	...	4	...	...	...	...	...	...	...	...	2	...	...	...	2
Muttra . . . . .	3	...	1	...	...	...	...	...	1	...	1	...	6	...	...	...	...	...	...	...	...	...	1	...	...	1
Agra . . . . .	2	2	10	2	...	...	1	...	2	6	1	...	26	2	...	...	...	...	...	...	...	...	...	...	...	2
Jhansi . . . . .	4	7	8	10	6	5	1	1	2	5	...	...	49	1	1	2	4	15	4	15	4	1	3	4	...	54
Nowgong . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	2	2	6	5	11	6	...	...	...	2	...	34
Indore . . . . .	...	...	...	...	...	...	...	...	...	1	1	...	2	...	...	...	1	...	2	...	...	...	1	...	...	4
Mhow . . . . .	5	4	13	9	3	...	...	...	1	2	1	1	39	...	1	...	4	1	...	1	...	3	2	3	1	16
<b>GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT</b>	14	14	34	24	11	5	2	1	7	15	6	1	134	3	4	4	14	22	15	24	4	6	5	8	4	113
<b>A</b>																										
Saugor . . . . .	3	1	...	1	...	...	...	...	...	...	...	...	5	2	1	1	3	...	2	5	2	...	...	...	...	16
Jubbulpore . . . . .	5	1	3	1	4	2	2	...	3	...	...	...	21	1	2	11	10	6	6	12	3	...	...	1	...	52
Kampti . . . . .	...	...	...	1	...	1	1	8	3	3	1	2	20	...	2	14	8	11	23	6	2	6	6	5	2	85
<b>B</b>																										
Secunderabad . . . . .	3	2	5	1	9	4	4	18	8	1	2	8	65	8	6	14	21	2	22	4	6	10	7	8	11	119
Belgaum . . . . .	...	2	1	...	3	3	1	1	3	1	1	...	16	...	...	...	1	...	...	...	...	1	...	1	...	4
Poona . . . . .	3	...	1	...	2	1	4	4	2	1	2	3	23	3	1	6	7	4	1	6	1	3	...	1	1	34
Kirkee . . . . .	1	1	1	2	...	...	...	1	1	...	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar . . . . .	4	5	9	2	3	1	...	3	...	1	...	...	28	1	3	2	3	3	2	3	...	1	4	7	5	34
<b>GROUP IX.—DECCAN</b>	19	12	20	8	21	12	12	35	20	7	7	13	186	15	15	48	53	27	56	36	14	20	18	22	20	344
Colaba . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	3	1	...	...	1	2	6	13
Calicut . . . . .	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP X.—WESTERN COAST</b>	2	...	1	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	3	1	...	...	1	2	6	13
<b>A</b>																										
Bellary . . . . .	...	2	...	...	1	...	...	...	1	3	...	...	7	...	...	1	1	...	...	...	...	...	...	...	...	2
Bangalore . . . . .	3	6	2	2	1	28	11	5	...	2	1	1	62	14	8	12	6	17	20	15	2	...	2	3	1	100
<b>B</b>																										
St. Thomas' Mount . . . . .	...	1	...	...	...	...	1	...	1	...	...	...	3	3	1	...	2	1	2	1	2	...	...	...	...	12
Madras . . . . .	2	...	2	...	...	...	...	...	...	...	...	...	4	4	1	...	...	1	1	...	...	...	...	...	...	7
<b>GROUP XI.—SOUTHERN INDIA</b>	5	9	4	2	2	28	12	5	2	5	1	1	76	21	10	13	9	19	33	16	4	...	2	3	1	121
Ranikhet . . . . .	...	...	...	4	2	...	17	6	...	1	...	...	30	...	...	...	1	3	...	1	...	...	...	...	...	5
Chaubattia . . . . .	...	...	...	4	1	...	2	...	...	1	...	...	8	...	...	...	1	...	1	...	...	...	...	...	...	2
Chakrata . . . . .	...	...	...	1	3	1	2	2	4	...	...	...	13	...	...	...	1	...	1	...	...	...	...	...	...	2
Lebong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Solon . . . . .	...	...	...	...	...	2	1	1	2	1	...	...	7	...	...	...	...	...	...	...	2	3	...	...	...	5
Dagshai . . . . .	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	2
Subathu . . . . .	...	...	...	...	1	1	2	1	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh . . . . .	...	...	...	...	1	2	...	...	...	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldanna . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	4	1	...	1	1	...	...	...	7
Camp Gharial . . . . .	...	...	...	...	2	2	...	...	...	...	...	...	4	...	...	...	...	...	...	...	3	1	...	...	...	4
„ Barian . . . . .	...	...	...	...	2	3	1	...	...	...	...	...	6	...	...	...	...	1	...	...	...	...	...	...	...	4
„ Upper Topa . . . . .	...	...	...	...	5	...	...	...	2	...	...	...	7	...	...	...	3	1	...	...	...	...	...	...	...	4
„ Lower Topa . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Khan Spur . . . . .	...	...	...	...	...	10	2	...	1	...	...	...	13	...	...	...	2	1	...	1	1	...	...	...	...	5
Cherat . . . . .	...	...	...	...	...	4	...	...	...	...	...	...	4	...	...	...	2	...	...	...	...	...	...	...	...	2
Quetta . . . . .	3	...	...	...	3	4	6	13	8	4	5	1	47	...	...	...	3	...	13	16	53	82	25	4	1	197
Maymyo . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	6	4	2	1	4	8	12	12	4	14	11	10	88
<b>GROUP XIIa.—HILL STATIONS</b>	4	...	...	9	21	29	35	23	17	7	6	1	152	6	4	2	5	25	26	29	67	93	46	15	11	329
Darjeeling . . . . .	...	...	1	1	...	...	...	...	...	...	...	...	2	...	...	...	2	...	2	2	1	5	2	...	...	14
Naini Tal . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1
Landour . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Kasauli . . . . .	...	...	...	3	...	1	2	5	...	...	...	...	11	...	...	...	...	...	1	...	...	...	...	...	...	1
Dalhousie . . . . .	...	...	...	...	2	...	...	2	...	...	...	...	4	...	...	...	1	...	1	...	2	...	...	...	...	3
Murree . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2
Pachmarhi . . . . .	...	...	...	...	...	...	...	2	1	1	...	...	4	...	...	...	...	3	...	1	...	...	...	...	...	4
Purandhar . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . . . .	...	...	2	1	2	1	...	...	...	...	...	...	6	...	...	...	2	1	...	...	...	2	...	...	...	5
<b>GROUP XIIb.—HILL CONVALESCENT DEPÔTS AND SANITARIA</b>	...	...	3	5	4	2	3	9	1	1	...	...	28	...	...	...	5	6	4	3	4	7	2	...	...	31



STATIONS AND ARMIES.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.													ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Troops, marching, India	6	1	1	1	2	..	..	..	..	1	10	..	22	5	2	1	..	1	..	..	..	..	1	12	2	24
Deolali Dépôt	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	3	..	..	..	..	..	..	..	..	3
Poonamalee Dépôt	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	2
EXTRA INDIA.																										
Aden	..	2	..	..	..	..	..	..	..	1	1	..	4	14	3	4	11	8	10	4	5	8	2	6	..	75
INDIA	78	60	91	81	89	113	86	104	65	51	49	43	910	110	72	116	273	244	249	322	253	284	232	214	184	2,553
NORTHERN ARMY	33	24	38	46	47	60	52	46	30	23	20	27	446	21	13	25	109	135	102	189	142	146	124	90	75	1,171
SOUTHERN „	39	35	52	34	40	53	34	58	35	27	19	16	442	84	57	90	164	108	147	133	111	138	107	112	107	1,358



# EUROPEAN TROOPS, 1907.

## TABLE X.

INTERMITTENT FEVER by months, stations, groups, and armies.

## TABLE XI.

REMITTENT FEVER by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . .	...	1	...	...	...	1	...	2	...	...	...	3	7	...	...	...	...	4	3	...	...	...	...	...	...	7
Rangoon . . .	6	...	...	7	11	10	13	6	5	4	5	17	84	...	...	5	4	...	1	2	1	1	...	...	...	14
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	6	1	...	7	11	11	13	8	5	4	5	20	91	...	...	5	4	4	4	2	1	1	...	...	...	21
Thayetmyo . . .	4	2	1	...	1	...	...	...	...	1	1	...	10	...	...	...	...	...	...	...	...	...	...	...	...	
Meiktila . . .	1	...	...	1	2	...	1	1	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	
Fort Dufferin . . .	1	...	...	...	...	1	5	3	...	1	2	4	17	...	...	...	...	...	...	...	...	...	1	...	1	
Shwebo . . .	3	5	...	1	...	7	3	5	2	1	7	3	37	...	...	...	...	...	...	...	...	...	...	...	...	
Bhamo . . .	4	5	4	5	13	12	2	5	6	2	5	...	63	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP II.—BURMA INLAND . . .	13	12	5	7	16	20	11	14	8	5	15	7	133	...	...	...	...	...	...	...	...	...	1	...	1	
Fort William . . .	29	16	18	15	14	4	3	11	5	3	12	10	140	...	...	...	...	...	...	...	...	...	...	...	...	
Dum-Dum . . .	1	...	...	...	...	...	...	3	1	2	10	3	20	...	...	...	...	...	...	...	...	...	...	...	...	
Barrackpore . . .	11	1	3	4	1	2	2	4	7	24	26	6	91	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP IV.—BENGAL AND ORISSA . . .	41	17	21	19	15	6	5	18	13	29	48	19	251	...	...	...	...	...	...	...	...	...	...	...	...	
B																										
Dinapore . . .	1	...	1	2	...	1	2	2	5	1	7	2	24	...	...	...	...	...	...	...	...	4	2	...	6	
Benares . . .	1	3	...	1	2	2	2	3	2	1	...	1	18	...	1	...	...	...	...	...	...	...	...	...	1	
Allahabad . . .	9	5	6	7	7	4	19	5	9	26	16	9	122	...	...	...	...	...	...	...	...	...	...	...	...	
Fyzabad . . .	5	2	3	...	3	1	4	4	...	5	7	1	35	...	...	...	...	...	...	...	...	...	...	...	...	
Sitapur . . .	1	1	2	2	...	1	13	14	5	3	4	2	48	...	...	...	...	...	...	...	...	...	...	...	...	
Lucknow . . .	8	4	12	4	2	20	59	54	37	26	5	14	245	...	...	...	...	...	...	...	...	...	...	...	...	
Cawnpore . . .	2	1	1	...	2	6	6	4	7	10	10	1	50	1	...	1	...	...	...	...	...	...	...	1	3	
Fatehgarh . . .	3	3	1	...	...	...	...	...	...	1	2	...	10	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.																										
	30	19	26	16	16	35	105	86	65	73	51	30	552	1	1	1	...	...	...	...	...	4	2	...	10	
A																										
Shahjehanpur . . .	...	...	2	...	...	...	...	...	1	2	...	2	7	...	...	...	...	...	...	...	...	...	...	...	...	
Bareilly . . .	16	20	9	2	6	4	7	9	4	11	12	5	105	...	...	...	...	...	...	...	...	...	...	...	...	
Rurki . . .	3	6	1	2	2	2	6	15	10	9	23	5	84	...	...	...	...	...	...	...	...	...	...	...	...	
Meerut . . .	12	12	19	17	28	28	49	34	84	51	96	49	479	...	...	...	...	...	...	...	...	...	...	...	...	
Delhi . . .	5	...	...	5	9	15	20	14	8	11	11	9	107	...	...	...	...	...	...	...	...	...	...	...	...	
Ambala . . .	8	5	11	14	19	36	22	24	61	34	26	8	268	...	...	...	...	...	...	...	...	...	...	...	...	
B																										
Jullundur . . .	5	4	...	3	...	1	8	7	9	12	8	6	63	...	...	...	...	...	...	...	...	...	...	...	...	
Ferozepore . . .	7	4	11	3	9	14	17	16	39	77	68	23	288	...	...	...	...	...	...	...	3	3	7	1	3	
Amritsar . . .	6	...	1	1	4	3	7	11	1	2	4	2	42	...	...	...	...	...	...	...	...	...	...	...	...	
Lahore Cantonment . . .	16	3	4	2	12	3	16	8	28	24	6	6	122	...	...	...	...	...	...	...	...	...	...	...	...	
Fort Lahore . . .	2	2	...	1	1	2	1	...	1	1	1	2	14	...	...	...	...	...	...	...	...	...	...	...	...	
Sialkot . . .	13	6	7	8	4	11	14	29	46	32	49	61	280	...	...	...	...	...	...	...	...	...	...	...	...	
Rawalpindi . . .	90	36	29	43	22	26	6	90	128	108	72	33	732	...	...	...	...	...	...	...	...	...	...	...	...	
Campbellpore . . .	9	2	...	...	...	4	1	1	...	...	2	1	20	...	...	...	...	...	1	...	...	...	...	...	2	
Attock . . .	6	3	3	1	1	1	1	...	...	...	6	1	23	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VI.—UPPER SUB-HIMALAYA . . .	198	103	97	102	117	150	219	258	420	374	384	212	2,634	...	...	...	...	...	1	...	3	4	7	1	3	
A																										
Nowshera . . .	91	28	19	35	8	7	26	31	15	18	48	48	374	...	...	...	...	...	...	...	...	...	...	...	...	
Peshawar . . .	125	51	12	15	21	33	55	45	78	111	92	28	666	...	...	...	...	...	...	...	...	...	...	...	...	
Multan . . .	5	3	2	...	3	2	13	14	29	11	21	17	120	...	...	...	...	...	...	...	...	1	2	2	5	
C																										
Hyderabad . . .	65	26	10	12	20	18	23	20	21	25	26	34	300	...	...	...	...	...	...	...	...	...	...	...	...	
Karachi . . .	55	25	8	9	26	30	40	36	30	18	19	53	349	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA . . .	341	133	51	71	78	90	157	146	173	183	206	180	1,809	...	...	...	...	...	...	...	...	1	2	2	5	

\* Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table III.



STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
B																										
Neemuch . . . . .	9	3	8	4	10	15	9	14	13	11	4	5	105	...	...	1	...	...	1	...	...	...	...	...	...	2
Nasirabad . . . . .	19	6	7	15	21	41	37	48	81	69	42	13	399	...	...	...	...	...	...	...	...	...	...	...	...	...
Muttra . . . . .	7	7	1	...	...	4	...	...	2	8	16	2	47	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra . . . . .	8	4	6	10	7	15	17	53	25	10	25	1	181	...	...	...	...	...	...	...	...	10	8	...	...	18
Jhansi . . . . .	45	37	28	25	15	24	35	14	27	34	19	10	313	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowgong . . . . .	1	1	1	...	1	2	4	2	8	3	5	...	28	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore . . . . .	...	...	...	1	2	2	1	...	...	2	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow . . . . .	41	23	10	17	10	10	14	66	34	48	19	12	304	...	...	2	...	1	...	...	...	...	1	...	...	4
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	130	81	61	72	66	113	117	197	190	185	130	43	1,385	...	...	3	...	1	1	...	...	10	9	...	...	24
A																										
Saugor . . . . .	14	3	...	2	2	...	...	25	18	11	12	...	87	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore . . . . .	10	2	2	4	8	4	13	26	27	31	17	14	158	...	...	...	...	...	...	...	...	...	...	...	...	...
Kampti . . . . .	16	11	8	6	2	2	25	17	30	9	6	7	139	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Secunderabad . . . . .	21	14	4	5	8	3	5	4	3	6	6	5	84	...	...	...	...	...	...	...	...	...	...	...	...	...
Belgaum . . . . .	7	5	3	6	3	2	16	15	2	2	7	6	74	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . . .	21	11	13	20	23	32	45	31	18	26	12	15	267	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee . . . . .	4	4	3	3	2	10	8	12	10	9	4	7	76	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmednagar . . . . .	1	1	2	1	3	4	4	2	2	9	7	...	36	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN . . . . .	94	51	35	47	51	57	116	132	110	103	71	54	921	...	...	...	...	...	...	...	...	...	...	...	...	...
Colaba . . . . .	19	15	10	11	16	18	31	25	35	21	27	17	240	...	...	...	...	...	...	...	...	...	...	...	...	...
Cannanore . . . . .	1	...	...	...	...	...	2	...	1	...	...	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Calicut . . . . .	...	1	1	...	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Malapuram . . . . .	3	...	...	...	...	2	3	2	...	...	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST . . . . .	23	16	11	11	17	20	36	27	31	21	27	19	259	...	...	...	...	...	...	...	...	...	...	...	...	...
A																										
Bellary . . . . .	2	1	7	2	5	1	4	1	...	5	10	9	47	...	...	...	...	...	...	...	...	...	...	...	...	...
Bangalore . . . . .	1	3	4	4	4	2	3	13	5	8	6	8	61	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	1	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras . . . . .	3	...	...	5	7	6	5	1	2	3	2	5	39	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA . . . . .	6	4	11	11	16	9	12	16	8	16	18	22	149	...	...	...	...	...	...	...	...	...	...	...	...	...
Ranikhet . . . . .	4	...	3	23	21	14	19	16	10	5	1	...	116	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaubattia . . . . .	...	...	...	...	1	1	1	4	4	1	...	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Chakrata . . . . .	...	...	1	28	29	22	18	13	8	8	...	...	127	...	...	...	...	...	...	...	...	...	...	...	...	...
Lebong . . . . .	...	...	3	2	1	1	...	1	1	...	1	1	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Solon . . . . .	...	...	...	...	8	6	7	5	3	2	...	...	31	...	...	...	...	...	...	...	2	...	...	...	...	2
Dagshai . . . . .	...	...	...	...	3	2	1	2	2	1	...	...	11	...	...	...	...	...	...	...	1	...	...	...	...	1
Subathu . . . . .	...	...	...	...	...	...	7	1	2	7	...	...	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh . . . . .	...	...	...	...	...	1	1	...	2	...	1	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Khairagali . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Kuldanna . . . . .	...	...	...	2	18	8	13	11	7	5	1	...	65	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh . . . . .	...	...	...	...	...	...	1	2	1	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial . . . . .	...	...	...	2	7	10	14	9	13	9	...	...	64	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Barian . . . . .	...	...	...	...	18	25	27	15	5	25	...	...	115	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Upper Topa . . . . .	...	...	...	...	6	8	3	17	2	7	1	...	44	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Lower Topa . . . . .	...	...	...	...	...	1	1	2	7	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Khan Spur . . . . .	...	...	...	...	7	11	4	5	3	3	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat . . . . .	...	...	...	5	24	4	13	13	10	7	1	...	77	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . . . . .	16	13	13	22	17	36	11	47	57	49	27	10	318	...	...	...	...	...	...	...	...	...	...	...	...	...
Maymyo . . . . .	3	2	2	2	8	3	19	10	9	10	13	9	90	4	2	...	...	...	2	2	4	...	1	7	11	33
GROUP XIIa.—HILL STATIONS . . . . .	23	15	22	86	168	154	165	173	146	139	46	21	1,153	4	2	...	...	...	2	2	6	1	1	7	11	36



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TABLE X—concluded.

INTERMITTENT FEVER by months, stations, groups, and armies.

TABLE XI—concluded.

REMITTENT FEVER by months, stations, groups, and armies.

STATIONS, GROUPS, AND ARMIES.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Darjeeling . . . . .	...	...	...	3	9	5	8	8	3	2	...	...	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal . . . . .	...	...	...	2	1	1	1	4	21	2	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Landour . . . . .	...	...	...	3	4	8	5	6	11	7	...	...	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli . . . . .	...	...	2	12	4	16	12	11	7	7	1	23	95	...	...	...	...	...	...	...	...	...	...	...	...	...
Dalhousie . . . . .	...	...	...	1	1	1	4	8	11	4	1	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Murree . . . . .	...	...	...	...	1	7	5	5	5	3	...	1	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu . . . . .	5	6	2	3	5	4	2	6	2	9	9	4	57	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi . . . . .	...	...	...	2	13	13	9	11	6	17	17	5	93	...	...	...	...	...	...	3	...	...	...	...	...	8
Purandhar . . . . .	2	...	2	2	2	...	1	1	1	...	1	...	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla . . . . .	6	7	5	2	2	...	...	...	...	1	5	3	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . . . .	10	2	7	9	13	21	37	32	31	7	6	3	178	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XIIb.— HILL CONVALESCENT DEPÔTS, AND SANITARIA . . . . .	23	15	18	39	55	76	84	92	79	59	40	39	619	...	...	...	...	...	...	3	...	...	...	...	...	3
Troops, marching, India . . . . .	35	38	5	2	17	...	1	1	15	9	77	30	230	...	...	...	...	...	...	...	...	...	1	...	...	1
Deolali Depôt . . . . .	20	20	9	5	7	17	22	28	11	18	18	15	190	...	...	...	...	...	...	...	...	...	...	...	...	...
Poonamalee Depôt . . . . .	3	2	...	...	2	3	3	1	...	...	2	...	16	...	...	...	...	...	...	1	...	...	...	...	...	1
EXTRA INDIA.																										
Aden . . . . .	30	21	22	7	8	20	11	3	2	4	8	10	146	...	...	...	...	...	...	...	...	...	3	...	...	3
INDIA . . . . .	1,016	548	394	502	660	781	1,072	1,200	1,276	1,222	1,146	721	10,538	5	3	9	4	5	8	5	13	21	22	14	15	124
Northern Army . . . . .	509	232	193	280	350	405	605	663	766	739	693	383	5,818	1	1	1	...	...	1	...	5	20	19	3	4	55
Southern „ „ . . . . .	472	278	196	220	293	376	466	536	495	474	376	308	4,420	4	2	8	4	5	7	5	8	1	2	11	11	68



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TABLE XII.

PNEUMONIA by months, stations, groups, and armies.

TABLE XIII.

DYSENTERY by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	4
Rangoon . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	3	4	...	4	3	2	...	2	1	...	21
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	3	5	...	5	3	2	1	2	2	...	25
Thayetmyo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	1	...	2	...	...	...	5
Fort Dufferin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	2	1	1	1	...	3
Shwebo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	3	2	1	...	...	...	11
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	4
GROUP II.—BURMA INLAND . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	1	2	1	3	...	...	4	4	5	2	1	...	23
Fort William . . . . .	5	1	...	...	...	...	1	...	1	...	...	...	8	6	5	1	2	...	2	1	1	2	1	...	2	23
Dum-Dum . . . . .	...	...	...	...	...	...	2	1	...	1	1	...	5	...	...	...	...	...	...	...	1	1	...	...	1	3
Barrackpore . . . . .	1	...	...	...	1	...	...	...	...	...	...	...	2	1	1	1	1	...	...	...	...	2	2	2	...	10
GROUP IV.—BENGAL AND ORISSA . . . . .	6	1	...	...	1	...	3	1	1	1	1	...	15	7	6	2	3	...	2	1	2	3	3	2	5	36
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	1	2	...	...	...	3
Allahabad . . . . .	...	...	...	1	...	...	1	...	...	...	1	2	5	3	1	4	2	...	...	1	4	2	...	6	5	12
Fyzabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	2	2	3	...	11
Sitapur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...
Lucknow . . . . .	...	1	...	...	1	...	1	...	...	...	...	3	6	1	2	4	7	4	5	1	6	4	7	3	6	50
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	2	1	1	...	1	2	...	...	1	...	...	1	2	9
Fatehgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	...	1	...	1	1	...	2	...	...	...	3	6	14	5	4	11	12	7	5	2	9	12	14	13	17	111
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Shahjehanpur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	3
Bareilly . . . . .	...	...	...	...	...	...	...	...	...	...	1	1	2	3	2	1	...	...	1	...	...	2	2	1	...	12
Rurki . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	...	...	...	1	...	1
Meerut . . . . .	...	1	...	...	...	2	1	3	...	1	1	2	11	1	2	...	1	2	3	2	...	2	...	4	...	17
Delhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	3
Ambala . . . . .	1	...	...	...	...	...	...	...	...	1	1	1	4	1	1	2	1	1	...	...	2	1	...	1	...	10
B	...	...	1	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore . . . . .	...	1	...	1	...	...	...	...	...	...	...	2	4	...	...	...	...	2	...	2	1	2	...	...	...	7
Amritsar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	...	4
Lahore Cantonment . . . . .	...	2	...	...	...	...	...	...	...	...	2	2	6	...	...	...	2	2	...	2	...	2	...	...	...	8
Sialkot . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3	1	...	...	2	2	...	...	1	2	...	...	...	6
Rawalpindi . . . . .	1	5	...	...	...	...	...	...	...	...	3	5	14	...	...	...	1	5	...	...	1	1	...	3	1	12
Campbellpore . . . . .	1	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	1	...	3
Attock . . . . .	1	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	5	9	1	1	...	2	1	4	...	3	8	18	52	6	5	3	5	14	4	6	9	11	4	13	6	86
A	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	1	...	...	1	...	...	1	...	...	1	1	4	9	...	...	1	...	...	...	...	...	...	...	...	...	1
Peshawar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	2	...	...	4
Multan . . . . .	3	...	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	...	1	...	4
C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hyderabad . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi . . . . .	3	...	...	1	...	...	...	...	...	...	1	1	6	...	1	...	1	...	1	...	...	2	...	1	2	8
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA . . . . .	7	...	...	2	...	...	2	...	...	1	2	6	20	3	1	1	2	...	1	1	...	2	2	1	3	17
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Neemuch . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	2	...	...	5
Nasirabad . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	1	1	2	3	3	1	...	13
Muttra . . . . .	...	1	...	...	1	...	...	...	...	...	...	...	2	...	...	...	1	...	1	1	1	...	2	...	1	6
Agra . . . . .	...	1	...	...	...	...	1	...	...	...	...	1	3	...	...	1	1	...	...	...	...	...	...	...	...	2
Jhansi . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	2	1	2	...	...	1	...	1	...	2	1	10
Nowgong . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	1	...	...	...	4
Indore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	1	...	...	...	...	...	...	...	...	5
Mhow . . . . .	1	...	...	...	...	2	2	2	...	...	...	...	7	2	3	4	6	4	5	3	7	5	4	4	1	43
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	1	3	...	...	1	2	3	2	...	...	...	2	14	3	7	8	12	4	8	7	12	11	11	7	3	93

\* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios, see Table III.



# EUROPEAN TROOPS, 1907.

## TABLE XII—concluded.

*PNEUMONIA by months, stations, groups, and armies.*

STATIONS, GROUPS AND ARMIES.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
<b>A</b>													
Saugor . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
Jubbulpore . . . . .	...	...	...	1	...	...	...	...	...	...	1	...	2
Kampti . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
<b>B</b>													
Secunderabad . . . . .	...	...	...	...	...	...	1	...	...	1	...	...	3
Belgaum . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	3
Poona . . . . .	...	...	1	1	...	...	...	...	...	1	1	2	6
Kirkee . . . . .	...	2	...	...	...	...	...	...	...	1	...	...	3
Ahmednagar . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP IX.—DECCAN . . . . .	...	2	2	2	...	1	1	1	2	3	...	4	20
Colaba . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1
Cannanore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Malapuram . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WESTERN COAST . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1
<b>A</b>													
Bellary . . . . .	...	...	1	...	...	...	...	...	1	...	...	...	2
Bangalore . . . . .	...	1	2	...	4	...	...	...	1	1	1	3	13
<b>B</b>													
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Madras . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA . . . . .	...	1	3	...	4	...	...	...	2	1	1	3	15
Ranikhet . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaubattia . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1
Chakrata . . . . .	...	...	...	1	1	...	...	...	...	...	...	...	2
Lebong . . . . .	...	...	2	...	...	...	...	1	...	...	...	...	3
Dagshai . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Subathu . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Camp Gharial . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
„ Barian . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1
Khan Spur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Cherat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . . . . .	9	...	...	2	...	1	...	...	1	2	3	1	19
Maymyo . . . . .	...	...	...	2	...	...	...	...	...	1	1	...	4
GROUP XII a.—HILL STATIONS . . . . .	9	...	2	6	2	1	...	1	2	3	4	1	31
Darjeeling . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Landour . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Kasauli . . . . .	...	...	...	2	...	...	...	...	...	...	...	...	2
Dalhousie . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1
Mount Abu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Pachmarhi . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Purandhar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Khandalla . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Wellington . . . . .	...	...	...	...	...	1	1	...	...	...	...	...	2
GROUP XII b.—HILL CONVALESCENT DEPÔTS, AND SANITARIA . . . . .	...	...	...	2	1	1	1	...	...	...	...	...	5
Troops, Marching, India . . . . .	1	...	...	...	...	...	...	...	...	...	1	2	4
Deolali Depôt . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Poonamalee Depôt . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.													
Aden . . . . .	1	...	...	...	...	...	...	...	...	1	...	...	2
<b>INDIA</b> . . . . .	30	17	9	15	10	7	13	9	7	13	22	43	195
NORTHERN ARMY . . . . .	15	13	3	7	6	2	8	6	2	5	13	29	109
SOUTHERN ARMY . . . . .	14	4	6	8	4	5	5	3	5	8	8	12	82

## TABLE XIII—concluded.

*DYSENTERY by months, stations, groups, and armies.*

STATIONS, GROUPS AND ARMIES.	ADMISSIONS FROM DYSENTERY IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
<b>A</b>													
Saugor . . . . .	...	...	3	3	2	...	1	1	...	1	...	...	11
Jubbulpore . . . . .	3	4	...	1	2	...	...	3	1	...	1	2	17
Kampti . . . . .	1	2	2	1	1	...	2	3	2	2	5	1	22
<b>B</b>													
Secunderabad . . . . .	6	12	1	5	6	3	9	11	5	6	7	4	75
Belgaum . . . . .	...	1	2	...	...	3	...	...	...	...	...	1	7
Poona . . . . .	2	2	...	1	4	2	8	6	2	3	1	1	32
Kirkee . . . . .	1	...	...	...	1	1	4	4	3	...	4	2	20
Ahmednagar . . . . .	1	...	...	1	1	...	2	2	1	1	5	1	15
GROUP IX.—DECCAN . . . . .	14	21	8	12	17	9	26	30	14	13	23	12	199
Colaba . . . . .	1	...	...	3	...	2	...	...	...	1	1	1	9
Cannanore . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1
Malapuram . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1
GROUP X.—WESTERN COAST . . . . .	1	2	...	3	...	2	...	...	...	1	1	1	11
<b>A</b>													
Bellary . . . . .	...	...	1	...	2	...	...	...	...	...	1	1	5
Bangalore . . . . .	15	7	3	4	4	4	1	4	1	1	...	...	44
<b>B</b>													
St. Thomas' Mount . . . . .	...	2	...	...	...	...	...	...	...	...	1	...	3
Madras . . . . .	1	1	2	2	...	1	3	1	1	...	1	3	16
GROUP XI.—SOUTHERN INDIA . . . . .	16	10	6	6	6	5	4	5	2	1	3	4	68
Ranikhet . . . . .	...	...	4	...	7	8	4	1	5	...	...	...	29
Chaubattia . . . . .	...	...	2	...	2	1	...	...	...	...	...	...	5
Chakrata . . . . .	...	...	3	...	...	...	1	1	...	...	...	...	6
Lebong . . . . .	...	...	1	...	2	...	...	...	...	...	...	...	3
Dagshai . . . . .	...	...	...	...	...	1	1	...	...	...	...	...	2
Subathu . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Gharial . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
„ Barian . . . . .	...	...	...	...	1	...	...	1	...	...	...	...	2
Khan Spur . . . . .	...	...	...	...	...	1	...	...	...	1	...	...	2
Cherat . . . . .	...	...	...	...	2	...	...	1	1	...	...	...	4
Quetta . . . . .	1	...	1	...	...	1	...	1	...	7	3	...	14
Maymyo . . . . .	...	...	3	...	...	...	...	...	...	...	...	...	3
GROUP XII a.—HILL STATIONS . . . . .	1	...	14	...	14	12	6	6	7	8	3	...	71
Darjeeling . . . . .	...	...	...	1	1	...	...	...	...	...	...	...	2
Landour . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Kasauli . . . . .	...	...	...	3	1	...	...	...	...	...	...	...	4
Dalhousie . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Mount Abu . . . . .	...	1	...	...	...	...	...	...	2	...	...	...	3
Pachmarhi . . . . .	...	...	...	...	...	1	1	...	1	...	1	...	4
Purandhar . . . . .	...	...	...	...	...	1	1	...	...	...	...	...	2
Khandalla . . . . .	...	1	...	1	...	...	...	...	...	...	...	1	3
Wellington . . . . .	...	2	1	2	6	1	1	...	1	1	...	...	15
GROUP XII b.—HILL CONVALESCENT DEPÔTS, AND SANITARIA . . . . .	...	4	1	7	9	3	3	1	2	3	1	1	35
Troops, Marching, India . . . . .	1	...	...	...	...	...	...	...	...	...	...	9	10
Deolali Depôt . . . . .	...	1	1	...	...	...	1	2	...	...	...	1	6
Poonamalee Depôt . . . . .	...	...	...	1	1	...	...	1	...	...	1	2	6
EXTRA INDIA.													
Aden . . . . .	1	2	1	3	3	2	...	1	1	...	1	1	16
<b>INDIA</b> . . . . .	59	67	60	74	75	58	64	84	71	64	72	65	813
NORTHERN ARMY . . . . .	21	15	28	26	37	23	18	27	33	26	28	30	312
SOUTHERN ARMY . . . . .	37	52	32	48	38	35	46	57	38	38	44	26	491



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TABLE XV.

B.—CHANGE of PERSONNEL, YOUTHFULNESS, RECENT ARRIVAL, and MARRIAGE, in relation to VENEREAL DISEASE and ENTERIC FEVER.

YEAR.	ARRIVED IN INDIA.*		YEAR.	MEN.						RATIO PER CENT. OF TOTAL ADMISSION.		
	Men.	Women.		PER CENT. OF STRENGTH.			Strength.	RATIO PER 1,000.			Venereal Diseases.	Enteric Fever.
				Age.	Length of residence.	Married. ‡		Admissions.				
								Under 25 years.	Under 5 years.	All causes.		
1877-78 . . .	9,113	482	1877	33	56	9'70	57,260	1,257'3	208'5	4'1	16'59	'32
1878-79 . . .	13,113	575	1878	35	60	7'59	56,475	1,651'3	271'3	8'5	16'43	'51
1879-80 . . .	13,342	612	1879	39	61	6'63	59,082	1,871'2	234'8	8'0	12'55	'43
1880-81 . . .	13,165	664	1880	41	65	6'36	59,717	1,754'2	249'7	7'9	14'23	'45
1881-82 . . .	9,895	349	1881	43	70	5'94	58,728	1,604'6	260'5	5'6	16'23	'35
1882-83 . . .	9,748	325	1882	41	72	5'43	57,269	1,444'9	265'2	6'2	18'35	'43
1883-84 . . .	12,525	433	1883	41	75	5'20	55,525	1,335'7	270'3	7'7	20'23	'58
1884-85 . . .	11,822	393	1884	45	75	5'05	54,996	1,513'4	293'9	11'7	19'42	'77
1885-86 . . .	17,766	508	1885	48	73	4'23	56,967	1,532'7	342'7	11'2	22'36	'73
1886-87 . . .	11,645	372	1886	52	75	3'90	61,015	1,513'9	389'5	18'1	25'73	1'20
1887-88 . . .	11,729	459	1887	52	73	3'84	63,515	1,369'7	361'2	12'7	26'37	'93
1888-89 . . .	12,407	506	1888	50	76	3'65	68,887	1,381'7	370'6	13'6	26'82	'99
1889-90 . . .	12,270	532	1889	49	78	3'60	69,266	1,498'0	481'5	22'9	32'14	1'53
1890-91 . . .	14,046	542	1890	50	80	3'70	67,823	1,520'2	503'5	18'5	33'12	1'22
1891-92 . . .	15,456	529	1891	51	79	3'36	67,030	1,379'1	400'7	20'4	29'06	1'48
1892-93 . . .	15,894	540	1892	51	80	3'29	68,137	1,517'3	409'9	22'1	27'01	1'46
1893-94 . . .	15,090	482	1893	53	79	3'29	70,091	1,414'9	466'0	20'0	32'94	1'41
1894-95 . . .	15,957	517	1894	54	81	...†	71,082	1,508'0	511'4	20'9	33'91	1'38
1895-96 . . .	14,346	654	1895	55	83	...	71,031	1,461'8	522'3	26'3	35'73	1'80
1896-97 . . .	14,805	545	1896	56	82	...	70,484	1,386'7	511'6	25'5	36'89	1'84
1897-98 . . .	16,227	543	1897	55	84	...	68,395	1,556'9	485'7	32'4	31'20	2'08
1898-99 . . .	16,911	648	1898	54	81	...	67,741	1,436'9	362'9	36'9	25'26	2'57
1899-1900 . . .	3,369	168	1899	53	78	...	67,697	1,148'7	313'4	20'6	27'28	1'79
1900-01 . . .	5,958	185	1900	45	69	...	60,553	1,143'2	298'1	16'0	26'07	1'40
1901-02 . . .	18,594	438	1901	42	63	...	60,838	1,104'3	276'0	12'8	24'99	1'16
1902-03 . . .	24,840	961	1902	43	68	...	60,540	1,078'4	281'4	16'7	26'09	1'55
1903-04 . . .	15,126	758	1903	51	76	...	70,445	1,033'4	247'0	19'6	23'90	1'90
1904-05 . . .	16,366	820	1904	52	80	...	71,083	900'4	198'5	19'6	22'05	2'18
1905-06 . . .	15,178	804	1905	52	84	...	71,343	834'3	153'7	16'1	18'42	1'93
1906-07 . . .	18,636	912	1906	51	84	...	76,272	870'8	117'3	15'6	13'47	1'79
1907-08 . . .	16,083	1,049	1907	...†	...†	...	69,332	756'4	89'9	13'1	11'89	1'74

\*In ordinary years the departures plus the deaths nearly balance the arrivals.

† Return abolished.

‡ On the 1st May of each year.



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TABLE XVIII.

STATISTICS OF OFFICERS.

A.—SICKNESS and MORTALITY among OFFICERS of the BRITISH ARMY in 1907. (From the Medical Returns of the Army.)

		Northern Army.		Southern Army.		India.*	
STRENGTH . . . . .		1,093		1,043		2,204	
CASES REMAINING FROM 1906 . . . . .		26		36		62	
		Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.
CONSTANTLY SICK . . . . .		26'3	28'71	26'7	27'80	25'6	56'52
INVALIDS . . . . .		53'06	58	61'36	64	55'35	122
ADMISSIONS.							
Influenza . . . . .		34'8	38	11'5	12	22'7	50
Cholera . . . . .		...	...	...	...	...	...
Small-pox . . . . .		...	...	1'0	1	'5	1
Enteric Fever . . . . .		19'2	21	20'1	21	19'1	42
Intermittent Fever . . . . .		104'3	114	97'8	102	100'3	221
Remittent Fever . . . . .		1'8	2	3'8	4	2'7	6
Simple Continued Fever . . . . .		42'1	46	44'1	46	41'7	92
Tubercle of the lungs . . . . .		...	...	1'0	1	'5	1
Pneumonia . . . . .		...	...	...	...	'5	1
Other Respiratory Diseases . . . . .		14'6	16	21'1	22	17'2	38
Dysentery . . . . .		11'9	13	23'0	24	16'8	37
Diarrhœa . . . . .		21'0	23	30'7	32	25'0	55
Hepatic Abscess . . . . .		...	...	1'0	1	'5	1
„ Congestion and Inflammation . . . . .		10'1	11	26'8	28	17'7	39
Venereal Diseases . . . . .		1'8	2	1'9	2	1'8	4
ALL CAUSES . . . . .		634'9	694	656'8	685	633'4	1,396
DEATHS.							
Cholera . . . . .		...	...	...	...	...	...
Small-pox . . . . .		...	...	...	...	...	...
Enteric Fever . . . . .		1'83	2	'96	1	1'36	3
Intermittent Fever . . . . .		...	...	...	...	'45	1
Remittent Fever . . . . .		...	...	...	...	'45	1
Simple Continued Fever . . . . .		...	...	...	...	...	...
Heat-stroke . . . . .		...	...	...	...	...	...
Circulatory Diseases . . . . .		...	...	...	...	...	...
Tubercle of the lungs . . . . .		...	...	...	...	...	...
Pneumonia . . . . .		...	...	...	...	'45	1
Other Respiratory Diseases . . . . .		...	...	...	...	...	...
Dysentery . . . . .		...	...	'96	1	'45	1
Diarrhœa . . . . .		...	...	...	...	...	...
Hepatic Abscess . . . . .		...	...	1'92	2	'91	2
ALL CAUSES . . . . .		9'15	10	6'71	7	7'71	17
DEATHS OUT OF HOSPITAL . . . . .		3'66	4	1'92	2	2'72	6

\* Including officers on the line of march.

B.—CAUSES of DEATH among EUROPEAN OFFICERS of the BRITISH and INDIAN ARMIES in 1907. (From non-medical sources.)

ARMIES.			IN INDIA.																		
	Strength in India, whether on leave or not, on the 1st of July 1907.	Strength in Europe or beyond sea on 1st July 1907, whether on furlough or sick leave.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Heat-stroke.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	TOTAL.	Deaths in England and other countries.	Deaths at sea.	GRAND TOTAL.	Ratio per 1,000.
BRITISH	2,920	636	..	..	3	1	1	..	..	..	..	1	..	1	..	2	17	4	..	21	5'90
INDIAN	3,159	926	..	..	4	..	..	..	..	..	2	1	..	1	..	1	22	12	..	34	8'32



STATIONS* AND GROUPS.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total admissions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
Fort William . . . . .	44	...	...	1	...	...	...	...	...	...	...	1	...	2	45'5	...	...
Dum Dum . . . . .	11	1	...	...	...	...	...	...	...	...	...	...	...	1	90'9	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .	63	1	...	1	...	...	...	...	...	...	...	1	...	3	47'6	...	...
B																	
Dinapore . . . . .	15	...	...	...	...	...	...	...	...	...	...	...	1	1	66'7	...	...
Lucknow . . . . .	67	1	...	...	...	...	...	...	...	...	...	...	...	1	14'9	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . .	191	1	...	...	...	...	...	...	...	...	...	...	1	2	10'5	...	...
A																	
Meerut . . . . .	61	...	...	...	...	...	...	...	1	...	...	...	...	1	16'4	1	16'39
B																	
Ferozepore . . . . .	30	...	...	...	...	...	1	...	...	...	...	...	...	1	33'3	1	33'33
Rawalpindi . . . . .	86	...	...	...	...	3	...	...	...	...	...	...	...	3	34'9	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	436	...	...	...	...	3	1	...	1	...	...	...	...	5	11'5	2	4'59
A																	
Nowshera . . . . .	19	1	1	...	...	...	...	...	...	...	...	...	...	2	105'3	...	...
Peshawar . . . . .	35	...	1	...	...	...	...	...	...	...	...	...	...	1	28'6	...	...
GROUP VII.—NORTH-WEST FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . . . .	133	1	2	...	...	...	...	...	...	...	...	...	...	3	22'6	...	...
B																	
Jhansi . . . . .	37	...	...	...	...	...	...	...	...	...	1	...	...	1	27'0	...	...
Mhow . . . . .	55	...	...	1	...	...	...	...	...	...	...	...	...	1	18'2	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	180	...	...	1	...	...	...	...	...	...	1	...	...	2	11'1	...	...
B																	
Secunderabad . . . . .	94	3	1	...	...	...	...	...	...	...	...	...	...	4	42'6	...	...
Belgaum . . . . .	29	...	...	...	...	...	...	...	...	1	...	...	...	1	34'5	...	...
Poona . . . . .	83	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	12'05
Kirkee . . . . .	43	...	...	...	...	...	...	...	...	...	1	...	...	1	23'3	...	...
GROUP IX.—DECCAN . . . . .	352	3	1	...	...	...	...	...	...	1	1	...	...	6	17'0	1	2'84
A																	
Bangalore . . . . .	91	1	...	...	...	...	...	1	...	...	...	...	...	2	22'0	...	...
B																	
Madras . . . . .	24	...	...	...	1	...	...	...	...	...	...	...	...	1	41'7	...	...
GROUP XI.—SOUTHERN INDIA . . . . .	136	1	...	...	1	...	...	1	...	...	...	...	...	3	22'1	...	...
Chakrata . . . . .	32	...	...	...	...	...	...	...	...	1	...	...	...	1	31'2	...	...
Solon . . . . .	5	...	...	...	...	...	...	...	...	1	...	...	...	1	200'0	...	...
Camp Upper Topa . . . . .	7	...	...	...	...	1	...	...	...	...	...	...	...	1	142'9	...	...
Quetta . . . . .	98	...	...	...	...	...	2	3	1	...	2	...	...	8	81'6	...	...
GROUP XIIa.—HILL STATIONS . . . . .	333	...	...	...	...	1	2	3	1	2	2	...	...	11	33'0	...	...
Landour . . . . .	5	...	...	...	...	1	...	...	...	...	...	...	...	1	200'0	...	...
Dalhousie . . . . .	25	...	...	...	...	...	...	...	...	1	...	...	...	1	40'0	...	...
Murree . . . . .	13	...	...	...	...	2	1	...	...	...	...	...	...	3	230'8	...	...
Mount Abu . . . . .	3	1	...	...	...	...	...	...	...	...	...	...	...	1	333'3	...	...
Pachmarhi . . . . .	10	...	...	...	...	...	...	...	...	1	...	...	...	1	100'0	...	...
GROUP XIIb.—HILL CONVALESCENT DEPÔTS AND SANITARIA . . . . .	130	1	...	...	...	3	1	...	...	2	...	...	...	7	53'8	...	...
INDIA . . . . .	2,204	8	3	2	1	7	4	4	2	5	4	1	1	42	19'1	3	1'36
NORTHERN ARMY . . . . .	1,093	3	2	1	...	7	2	...	1	3	...	1	1	21	19'2	2	1'83
SOUTHERN „ . . . . .	1,043	5	1	1	1	...	2	4	1	2	4	...	...	21	20'1	1	'96

\* Stations where Enteric Fever did not occur are not shown in this table.



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## TABLE XVIII—continued.

### STATISTICS OF OFFICERS.

#### E.—DETAIL of DISEASES.

DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	INDIA.			INDIA.				INDIA.			INDIA.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids. †		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids. †
Small-pox . . . .	1	...	...	...	...	...	Conjunctivitis . . . .	4	...	...	9	...	...
Cow-pox . . . . .	1	...	...	1	...	...	Granular Conjunctivitis	...	...	...	1	...	...
Chicken-pox . . . .	1	...	...	...	...	...	Iritis . . . . .	1	...	...	1	...	...
Measles . . . . .	2	...	...	3	...	...	Stye . . . . .	...	...	...	1	...	...
Rubella . . . . .	3	...	...	...	...	...	Inflammation of the external ear . . . .	8	...	...	3	...	...
Scarlet fever . . . .	1	...	...	...	...	...	Perforation of the membrana tympani	1	...	...	...	...	...
Typhus fever . . . .	1	...	...	...	...	...	Rhinitis . . . . .	...	...	...	1	...	...
Plague . . . . .	3	2	1	1	1	...	Coryza . . . . .	1	...	...	3	...	...
Dengue . . . . .	17	...	...	2	...	...	Inflammation of the naso-pharynx . . . .	...	...	...	2	...	...
Influenza . . . . .	50	...	1	44	...	...	Valvular disease of the heart . . . . .	1	...	1	...	...	...
Diphtheria . . . . .	1	...	...	...	...	...	Hypertrophy of the heart . . . . .	2	...	1	...	...	...
Simple continued fever	92	...	1	36	...	...	Dilatation of the heart	...	...	...	1	...	...
Enteric fever . . . .	42	3	31	21	4	...	Disordered action of the heart . . . . .	5	...	2	1	...	...
Dysentery . . . . .	37	1	5	30	1	...	Phlebitis . . . . .	3	...	...	1	...	...
Intermittent fever . .	221	1	14	187	...	...	Thrombosis of veins . .	...	...	...	2	...	...
Remittent fever . . .	6	1	1	10	...	...	Varix . . . . .	1	...	...	...	...	...
Erysipelas . . . . .	1	...	...	...	...	...	Hay-asthma . . . . .	1	...	1	...	...	...
Septicæmia . . . . .	...	...	...	...	3	...	Laryngitis . . . . .	2	...	...	1	...	...
Tubercle of lungs . .	1	...	1	2	2	...	Tracheitis . . . . .	...	...	...	2	...	...
Tubercle of lymphatic glands . . . . .	1	...	1	...	...	...	Bronchitis . . . . .	28	...	...	15	...	...
Syphilis . . . . .	1	...	1	...	...	...	Spasmodic asthma . . .	1	...	...	1	...	...
Gonorrhœa . . . . .	3	...	...	1	...	...	Pneumonia . . . . .	1	1	...	1	1	...
Tænia solium . . . .	1	...	...	1	...	...	Emphysema . . . . .	1	...	1	...	...	...
Ringworm . . . . .	1	...	...	...	...	...	Pleurisy . . . . .	5	...	1	3	...	...
Alcoholism . . . . .	1	...	1	...	...	...	Inflammation of the dental periosteum . .	1	...	...	...	...	...
Rheumatism . . . . .	21	...	1	8	...	...	Gum-boil . . . . .	3	...	...	2	...	...
Osteoarthritis . . . .	...	...	...	1	...	...	Sore throat . . . . .	9	...	...	1	...	...
New growth, non-mali- gnant, not defined . .	...	...	...	3	...	...	Tonsillitis . . . . .	16	...	...	...	...	...
Tumour on brain . . .	...	...	...	1	1	...	„ Follicular . . . . .	25	...	...	20	...	...
Warts . . . . .	1	...	...	...	...	...	Quinsy . . . . .	1	...	1	1	...	...
Adenoma . . . . .	1	...	...	...	...	...	Inflammation of the pharynx . . . . .	1	...	...	3	...	...
Debility . . . . .	27	...	10	8	...	...	Gastritis . . . . .	8	...	2	6	...	...
Neuritis . . . . .	3	...	1	2	...	...	Indigestion . . . . .	14	...	1	11	...	...
Posterior sclerosis . .	...	...	...	1	...	...	Inflammation of the intestines . . . . .	2	...	1	...	...	...
Sanguineous apoplexy	1	...	1	...	...	...	Enteritis . . . . .	8	...	1	13	1	...
Wry-neck . . . . .	...	...	...	1	...	...	Typhlitis . . . . .	8	1	1	4	1	...
Headache . . . . .	...	...	...	2	...	...	Colitis . . . . .	7	...	...	5	...	...
Megrim . . . . .	...	...	...	2	...	...	Catarrhal inflammation of the intestines . .	3	...	...	...	...	...
Neuralgia . . . . .	10	...	2	8	...	...	Ulceration of the intes- tines . . . . .	...	...	...	1	...	...
Nervous weakness . .	6	...	4	1	...	...							
Mania . . . . .	1	...	1	...	...	...							
Melancholia . . . . .	1	...	1	1	...	...							
Delusional insanity . .	1	...	...	...	...	...							

† Information not available.



DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.			DISEASES.	BRITISH OFFICERS ATTACHED TO EUROPEAN TROOPS.			BRITISH OFFICERS ATTACHED TO NATIVE TROOPS.		
	INDIA.			INDIA.				INDIA.			INDIA.		
	Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids. †		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.	Invalids. †
Sprue . . . .	..	..	..	..	I	..	Spontaneous rupture of muscles . . . .	I	..	..	..	..	..
Hernia . . . .	2	..	3	..	..	..	Myalgia . . . .	7	..	..	10	..	..
Constipation . . . .	2	..	..	..	..	..	Inflammation of bursæ . . . .	2	..	..	..	..	..
Colic . . . .	13	..	..	4	..	..	Inflammation of the con- nective tissue . . . .	41	..	..	6	..	..
Diarrhœa . . . .	55	..	I	39	..	..	Abscess of the connec- tive tissue . . . .	27	..	..	16	..	..
Periproctitis . . . .	I	..	I	2	I	..	Erythema . . . .	I	..	..	..	..	..
Abscess of the rectum . . . .	I	..	..	..	..	..	Roseola . . . .	I	..	..	..	..	..
Ulceration of the rectum . . . .	I	..	I	..	..	..	Eczema . . . .	5	..	..	4	..	..
Fistula in ano . . . .	4	..	I	..	..	..	Zona . . . .	I	..	..	I	..	..
Piles . . . .	8	..	I	4	..	..	Pemphigus . . . .	I	..	..	..	..	..
Hepatitis . . . .	20	..	3	8	I	..	Dermatitis herpetiformis . . . .	..	..	..	2	..	..
Abscess of the liver . . . .	I	2	..	I	I	..	Acne . . . .	I	..	..	..	..	..
Perihepatitis . . . .	I	..	..	..	..	..	Sycosis . . . .	2	..	..	..	..	..
Congestion of the liver . . . .	18	..	..	7	..	..	Ulcer . . . .	15	..	I	7	..	..
Jaundice . . . .	21	..	..	14	..	..	Boil . . . .	18	..	..	14	..	..
Cholecystitis . . . .	I	..	..	I	..	..	Carbuncle . . . .	I	..	..	..	..	..
Gall stones . . . .	..	..	..	I	..	..	Whitlow . . . .	2	..	..	I	..	..
Peritonitis . . . .	I	I	..	I	..	..	Onychia . . . .	3	..	..	2	..	..
Inflammation of lymph- glands . . . .	13	..	I	9	..	..	Corn . . . .	I	..	..	I	..	..
Suppuration of lymph- glands . . . .	2	..	I	2	..	..	Heat-stroke . . . .	3	..	..	2	..	..
Inflammation of lym- phatics . . . .	2	I	..	3	..	..	Sun-stroke . . . .	3	..	..	2	..	..
Acute nephritis . . . .	..	..	..	3	..	..	Multiple injury . . . .	I	..	..	..	..	..
Granular kidney . . . .	I	..	I	..	..	..	Suffocation from sub- mersion . . . .	..	2	..	..	I	..
Pyelitis . . . .	I	..	..	..	..	..	Shock . . . .	I	..	..	..	..	..
Calculus in pelvis of kidney . . . .	4	..	I	..	..	..	Burns and scalds . . . .	5	..	..	I	..	..
Nephralgia . . . .	I	..	..	..	..	..	Abrasions . . . .	12	..	..	5	..	..
Hæmaturia . . . .	2	..	I	..	..	..	Contusions . . . .	83	..	3	41	..	..
Lithuria . . . .	I	..	..	..	..	..	Wounds . . . .	33	..	..	19	..	..
Inflammation of the bladder . . . .	3	..	..	3	..	..	Wounds, gun shot . . . .	2	I	I	I	I	..
Calculus in the bladder . . . .	I	..	..	..	..	..	Strains and sprains . . . .	56	..	..	37	..	..
Urethritis . . . .	..	..	..	I	..	..	Dislocations . . . .	17	..	2	5	..	..
Inflammation of the prostate . . . .	..	..	..	I	..	..	Rupture of muscles . . . .	I	..	..	..	..	..
Phimosis . . . .	I	..	..	..	..	..	Fracture of the base of the skull . . . .	I	..	I	..	..	..
Balanitis . . . .	I	..	..	I	..	..	Fracture of other bones . . . .	24	..	I	13	..	..
Varicocele . . . .	1	..	..	..	..	..	Foreign body in tissues and organs . . . .	I	..	..	I	..	..
Hydrocele . . . .	I	..	..	..	..	..	Concussion of the brain . . . .	17	..	I	9	..	..
Orchitis . . . .	5	..	..	8	..	..	Concussion of the spinal cord . . . .	2	..	I	I	..	..
Epididymitis . . . .	2	..	..	3	..	..	Poison, cocaine . . . .	..	..	..	I	I	..
Ostitis . . . .	..	..	..	2	..	..	Poison, ptomaines . . . .	2	..	..	..	..	..
Periostitis . . . .	5	..	..	I	..	..	Poisoned wound by stinging insects . . . .	I	..	..	I	..	..
Caries of bone . . . .	I	..	..	..	..	..	Poisoned wound by dog . . . .	8	..	..	I	..	..
Necrosis of bones . . . .	..	..	..	I	..	..	Poisoned wound by morbid secretions . . . .	I	..	..	..	..	..
Synovitis . . . .	54	..	2	25	..	..	No appreciable disease . . . .	I	..	..	..	..	..
Ankylosis . . . .	I	..	..	..	..	..							
Dislocation of articular cartilage . . . .	3	..	..	..	..	..	TOTAL . . . .	1,396	17	122	843	..	..

† Information not available.







B.—WOMEN.



## TABLE XIX.

RATIOS AND ACTUALS OF ARMIES.

	Northern Army.		Southern Army.		India.*		
	3,795		1,699		3,496†		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1906.
Strength . . . . .	30'2	54'24	27'3	46'38	28'8	100'62	
Constantly sick . . . . .							
<b>ADMISSIONS—</b>							
Influenza . . . . .	4'5	8	2'9	5	3'7	13	...
Cholera . . . . .	...	...	1'2	2	...	2	...
Small-pox . . . . .	2'2	4	...	1	1'4	5	1
Enteric Fever . . . . .	12'8	23	4'7	8	8'9	31	1
Intermittent Fever . . . . .	48'5	87	70'0	119	58'9	206	15
Remittent Fever . . . . .	...	1	...	...	...	1	...
Simple Continued Fever . . . . .	5'6	10	13'5	23	9'4	33	...
Tubercle of the lungs . . . . .	2'2	4	4'7	8	3'4	12	1
Pneumonia . . . . .	1'7	3	1'8	3	1'7	6	1
Other Respiratory Diseases . . . . .	10'0	18	19'4	33	14'6	51	2
Dysentery . . . . .	10'6	19	5'9	10	8'3	29	1
Diarrhœa . . . . .	14'5	26	10'6	18	12'6	44	1
Anæmia and Debility . . . . .	320'3	575	245'4	417	283'8	992	30
Abortion and Puerperal Affections . . . . .	40'1	72	22'4	38	31'5	110	2
Other Diseases peculiar to women . . . . .	40'7	73	48'3	82	44'3	155	6
ALL CAUSES . . . . .	655'7	1,177	660'4	1,122	657'6	2,229	75
<b>DEATHS—</b>							
Cholera . . . . .	...	...	...	1	...	1	...
Small-pox . . . . .	...	...	...	...	...	...	...
Enteric Fever . . . . .	1'11	2	2'35	4	1'72	6	...
Intermittent Fever . . . . .	5'6	1	5'9	1	5'7	2	...
Remittent Fever . . . . .	...	...	...	...	...	...	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	...	...	...	1	...	1	...
Pneumonia . . . . .	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	...	...	...	...	...	...	...
Dysentery . . . . .	...	...	...	...	...	...	...
Diarrhœa . . . . .	5'6	1	...	...	...	1	...
Hepatic Abscess . . . . .	...	...	...	...	...	...	...
Childbirth and Abortion . . . . .	1'67	3	5'9	1	1'14	4	...
ALL CAUSES . . . . .	6'69	12	6'47	11	6'58	23	...
<b>PERCENTAGE IN 100 ADMISSIONS—</b>							
Influenza . . . . .	...	...	...	...	...	...	...
Cholera . . . . .	...	...	...	...	...	...	...
Small-pox . . . . .	...	...	...	...	...	...	...
Enteric Fever . . . . .	1'95	...	...	...	...	...	...
Intermittent Fever . . . . .	7'30	...	10'61	...	...	...	...
Remittent Fever . . . . .	...	...	...	...	...	...	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	...	...	...	...	...	...	...
Pneumonia . . . . .	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	1'53	...	2'94	...	...	...	...
Dysentery . . . . .	1'01	...	...	...	...	...	...
Diarrhœa . . . . .	2'21	...	1'60	...	...	...	...
Anæmia and Debility . . . . .	48'85	...	37'17	...	...	...	...
Abortion and Puerperal Affections . . . . .	6'12	...	3'39	...	...	...	...
Other Diseases peculiar to women . . . . .	6'20	...	7'31	...	...	...	...
<b>PERCENTAGE IN 100 DEATHS—</b>							
Cholera . . . . .	...	...	9'1	...	...	4'3	...
Small-pox . . . . .	...	...	...	...	...	...	...
Enteric Fever . . . . .	16'7	...	36'4	...	...	26'1	...
Intermittent Fever . . . . .	8'3	...	9'1	...	...	8'7	...
Remittent Fever . . . . .	...	...	...	...	...	...	...
Simple Continued Fever . . . . .	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	...	...	9'1	...	...	4'3	...
Pneumonia . . . . .	...	...	...	...	...	...	...
Other Respiratory Diseases . . . . .	...	...	...	...	...	...	...
Dysentery . . . . .	8'3	...	...	...	...	4'3	...
Diarrhœa . . . . .	...	...	...	...	...	...	...
Hepatic Abscess . . . . .	...	...	...	...	...	...	...
Childbirth and Abortion . . . . .	25'0	...	9'1	...	...	17'4	...

\* For complete detail of diseases, see Table LIII.

† Including 2 on the line of march.



TABLE XX.

CHOLERA by months, stations, groups and armies.

STATIONS,* GROUP, AND ARMIES.	Average annual strength.	NUMBER OF ADMISSIONS FROM CHOLERA IN EACH MONTH.												Total Ad- missions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
St. Thomas' Mount . . . .	21	...	...	...	...	...	...	...	...	1	...	...	...	1	47.6	1	47.62
Madras . . . . .	73	...	...	...	...	...	...	...	...	1	...	...	...	1	13.7	...	...
GROUP XI.—SOUTHERN INDIA	293	...	...	...	...	...	...	...	...	2	...	...	...	2	6.8	1	3.41
INDIA . . . . .	3,496	...	...	...	...	...	...	...	...	2	...	...	...	2	.6	1	.29
NORTHERN ARMY . . . .	1,795	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
SOUTHERN " . . . . .	1,699	...	...	...	...	...	...	...	...	2	...	...	...	2	1.2	1	.59

\* Stations where cholera did not occur are not shown in this table.



## TABLE XXI.

ENTERIC FEVER by months, stations, groups, and armies.

STATIONS,* GROUPS, AND ARMIES.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total Ad- missions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.				
B																	
Sitapur . . . . .	44	...	...	...	I	...	I	...	...	...	...	...	...	2	45'5	...	...
Lucknow . . . . .	107	...	...	I	...	...	I	...	...	I	...	...	...	3	28'0	I	9'35
Cawnpore . . . . .	45	...	...	...	...	...	...	...	I	...	...	...	...	I	22'2	I	22'22
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	340	...	...	I	I	...	2	...	I	I	...	...	...	6	17'6	2	5'88
B																	
Ferozepore . . . . .	57	I	...	...	...	...	I	...	...	...	...	...	...	2	35'1	...	...
Lahore Cantonment . . . .	36	...	...	...	...	...	...	...	...	...	I	...	...	I	27'8	...	...
Campbellpore . . . . .	16	...	...	...	I	...	...	...	...	...	...	...	...	I	62'5	...	...
GROUP VI.—UPPER SUB-HIMA- LAYA . . . . .	631	I	...	...	I	...	I	...	...	...	I	...	...	4	6'3	...	...
B																	
Muttra . . . . .	20	2	...	...	...	...	...	...	...	...	...	...	...	2	100'0	...	...
Jhansi . . . . .	40	I	I	I	...	...	...	...	...	...	...	...	...	3	75'0	I	25'00
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT . . . . .	240	3	I	I	...	...	...	...	...	...	...	...	...	5	20'8	I	4'17
A																	
Jubbulpore . . . . .	48	...	...	I	...	...	...	...	...	...	...	...	...	I	20'8	I	20'83
Kampti . . . . .	48	...	...	...	...	...	...	...	2	...	...	...	...	2	41'7	I	20'83
B																	
Secunderabad . . . . .	152	I	...	...	...	...	...	...	...	...	...	...	...	I	'6	I	6'58
Ahmednagar . . . . .	41	...	...	...	...	...	...	...	...	...	I	...	...	I	24'4	...	...
GROUP IX.—DECCAN . . . . .	542	I	...	I	...	...	...	...	2	...	I	...	...	5	9'2	3	5'54
B																	
Ranikhet . . . . .	66	...	...	...	...	...	...	I	...	...	...	...	...	I	15'2	...	...
Subathu . . . . .	20	...	...	...	...	...	...	...	...	I	...	...	...	I	50'0	...	...
Kalabagh . . . . .	6	...	...	...	...	I	...	...	...	...	...	...	...	I	166'7	...	...
Camp Upper Topa . . . . .	12	...	...	...	...	I	...	...	...	...	...	...	...	I	83'3	...	...
GROUP XIIa.—HILL STATIONS	560	...	...	...	...	2	...	I	...	I	...	...	...	4	7'1	...	...
B																	
Kasauli . . . . .	31	...	...	...	...	...	...	I	...	...	...	...	...	I	32'3	...	...
Dalhousie . . . . .	37	...	...	...	I	...	...	...	...	...	...	...	...	I	27'0	...	...
Murree . . . . .	53	...	...	...	...	...	3	I	I	...	...	...	...	5	94'3	...	...
GROUP XIIb.—HILL CON- VALESCENT DEPÔTS AND SANITARIA . . . . .	278	...	...	...	I	...	3	2	I	...	...	...	...	7	25'2	...	...
INDIA																	
INDIA . . . . .	3,496	5	I	3	3	2	6	3	4	2	2	...	...	31	8'9	6	1'72
NORTHERN ARMY																	
NORTHERN ARMY . . . . .	1,795	3	...	I	3	2	6	3	2	2	I	...	...	23	12'8	2	1'11
SOUTHERN																	
SOUTHERN . . . . .	1,699	2	I	2	...	...	...	...	2	...	I	...	...	8	4'7	4	2'35

\* Stations where Enteric Fever did not occur are not shown in this table.

C.-CHILDREN.



TABLE XXII.

RATIOS AND ACTUALS OF ARMIES.

Strength . . . . .	Northern Army.		Southern Army.		India.*		
	2,726		2,650		5,379‡		
	Ratios.	Actuals.	Ratios.	Actuals.	Ratios.	Actuals.	Remaining from 1906.
	15·8	43·07	14·7	39·05	15·3	82·12	
Constantly sick . . . . .							
ADMISSIONS—							
Influenza . . . . .	4·8	13	1·5	4	3·2	17	...
Cholera . . . . .	...	...	·4	1	·2	1	...
Small-pox . . . . .	...	...	1·1	3	·6	3	...
Measles . . . . .	21·6	59	12·1	32	16·9	91	...
Whooping Cough . . . . .	5·9	16	4·5	12	5·2	28	...
Enteric Fever . . . . .	7·3	20	4·5	12	5·9	32	2
Intermittent Fever . . . . .	23·0	90	52·5	139	42·6	229	17
Remittent Fever . . . . .	1·5	4	...	...	·7	4	...
Simple Continued Fever . . . . .	13·6	37	15·1	40	14·3	77	2
Tubercular Diseases . . . . .	1·5	4	·8	2	1·1	6	...
Respiratory Diseases . . . . .	36·7	100	44·2	117	40·3	217	3
Dysentery . . . . .	5·5	15	9·1	24	7·3	39	...
Diarrhœa . . . . .	48·8	133	39·2	104	44·1	237	5
Eye Diseases . . . . .	4·8	13	12·8	34	8·7	47	...
ALL CAUSES . . . . .	348·9	951	388·7	1,630	368·3	1,981	59
DEATHS—							
Cholera . . . . .	...	...	·38	1	·19	1	Deaths out of hospital. ...
Small-pox . . . . .	...	...	·38	1	·19	1	...
Diphtheria and Croup . . . . .	·73	2	...	...	·37	2	...
Enteric Fever . . . . .	...	...	...	...	...	...	...
Intermittent Fever . . . . .	...	...	·75	2	·37	2	...
Remittent Fever . . . . .	...	...	...	...	...	...	...
Simple Continued Fever . . . . .	...	...	·38	1	·19	1	...
Tubercular Diseases . . . . .	·73	2	...	...	·37	2	...
Convulsions . . . . .	2·20	6	3·02	8	2·60	14	...
Respiratory Diseases . . . . .	3·67	10	1·89	5	2·79	15	...
Teething . . . . .	2·20	6	1·13	3	1·67	9	1
Dysentery . . . . .	·73	2	·75	2	·74	4	...
Diarrhœa . . . . .	6·60	18	4·91	13	5·76	31	1
Anæmia, Debility, and Immaturity . . . . .	6·24	17	4·53	12	5·39	29	...
ALL CAUSES . . . . .	35·22	96	30·19	80	32·72	176	5
PERCENTAGE IN 100 ADMISSIONS—							
Influenza . . . . .	1·37		·39		·86		
Cholera . . . . .	...		·10		·05		
Small-pox . . . . .	...		·29		·15		
Measles . . . . .	6·20		3·11		4·59		
Whooping Cough . . . . .	1·68		1·17		1·41		
Enteric Fever . . . . .	2·10		1·17		1·62		
Intermittent Fever . . . . .	9·46		13·50		11·56		
Remittent Fever . . . . .	·43		...		·20		
Simple Continued Fever . . . . .	3·89		3·88		3·89		
Tubercular Diseases . . . . .	·42		·19		·30		
Respiratory Diseases . . . . .	10·52		11·36		10·95		
Dysentery . . . . .	1·58		2·33		1·97		
Diarrhœa . . . . .	13·99		10·10		11·96		
Eye Diseases . . . . .	1·37		3·30		2·37		
PERCENTAGE IN 100 DEATHS—							
Cholera . . . . .	...		1·2		·6		
Small-pox . . . . .	...		1·2		·6		
Diphtheria and Croup . . . . .	2·1		...		1·1		
Enteric Fever . . . . .	...		...		...		
Intermittent Fever . . . . .	...		2·5		1·1		
Remittent Fever . . . . .	...		...		...		
Simple Continued Fever . . . . .	...		1·2		·6		
Tubercular Diseases . . . . .	2·1		...		1·1		
Convulsions . . . . .	6·2		10·0		8·0		
Respiratory Diseases . . . . .	10·4		6·3		8·5		
Teething . . . . .	6·2		3·8		5·1		
Dysentery . . . . .	2·1		2·5		2·3		
Diarrhœa . . . . .	18·8		16·3		17·6		
Anæmia, Debility, and Immaturity . . . . .	17·7		15·0		16·5		

\* For complete detail of diseases, see Table LIII.  
‡ Including 3 on the line of march.

*CHOLERA by months, stations, groups and armies.*

\* Stations where cholera did not occur are not shown in this table.



## TABLE XXIV.

ENTERIC FEVER by months, stations, groups and armies.

STATIONS,* GROUPS, AND ARMIES.	Average annual strength.	NUMBER OF ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												Total ad- missions.	Admission rate per 1,000 of strength.	Total deaths.	Death rate per 1,000 of strength.
		Jan.	Feb.	Mar.	Apl.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.				
B																	
Dinapore . . . . .	22	...	I	...	...	...	...	...	...	...	...	...	...	1	45.5	...	...
Fyzabad . . . . .	61	...	...	...	...	...	...	I	...	...	...	...	...	1	16.4	...	...
Sitapur . . . . .	65	I	...	...	...	...	...	...	...	...	...	...	...	1	15.4	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . .	496	I	I	...	...	...	...	I	...	...	...	...	...	3	6.0	...	...
B																	
Jullundur . . . . .	52	I	...	...	...	...	...	...	I	...	...	...	...	2	38.5	...	...
Ferozepore . . . . .	78	...	...	...	...	...	...	...	...	...	...	I	...	1	12.8	...	...
Attock . . . . .	15	...	I	...	...	...	...	...	...	...	...	...	...	1	66.7	...	...
GROUP VI.—UPPER SUB-HIMA- LAYA. . . . .	927	I	I	...	...	...	...	...	I	...	...	...	I	4	4.3	...	...
B																	
Neemuch . . . . .	13	I	...	...	...	...	...	...	...	...	...	...	...	1	76.9	...	...
Muttra . . . . .	23	I	...	...	...	...	...	...	...	...	...	...	...	1	43.5	...	...
Agra . . . . .	66	...	...	...	...	...	...	...	...	I	...	...	...	1	15.2	...	...
Jhansi . . . . .	71	...	...	I	...	...	...	...	...	...	...	...	...	1	14.1	...	...
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL IN- DIA, AND GUJARAT. . . .	362	2	...	I	...	...	...	...	...	I	...	...	...	4	11.0	...	...
B																	
Poona . . . . .	143	...	...	...	...	...	...	2	...	...	...	...	...	2	14.0	...	...
Ahmednagar . . . . .	70	...	...	...	I	...	...	...	...	...	...	...	...	1	14.3	...	...
GROUP IX.—DECCAN . . .	832	...	...	...	I	...	...	2	...	...	...	...	...	3	3.6	...	...
A																	
Bangalore . . . . .	236	...	...	...	...	...	I	2	...	...	...	...	...	3	12.7	...	...
B																	
Madras . . . . .	152	...	...	...	I	...	...	...	...	...	...	...	...	1	6.6	...	...
GROUP XI.—SOUTHERN INDIA .	491	...	...	...	I	...	I	2	...	...	...	...	...	4	8.1	...	...
Ranikhet . . . . .	115	...	...	...	...	...	...	4	...	...	...	...	...	4	34.8	...	...
Kuldana . . . . .	19	...	...	...	...	I	...	...	...	...	...	...	...	1	52.6	...	...
Camp Gharial . . . . .	25	...	...	...	...	...	...	...	I	...	...	...	...	1	40.0	...	...
Quetta . . . . .	231	...	...	...	...	...	...	I	2	...	...	...	...	3	13.0	...	...
GROUP XIIa.—HILL STATIONS.	880	...	...	...	...	I	...	5	3	...	...	...	...	9	10.2	...	...
Kasauli . . . . .	71	...	...	...	I	...	...	I	...	...	...	...	...	2	28.2	...	...
Dalhousie . . . . .	64	...	...	...	...	...	I	...	...	...	...	...	...	1	15.6	...	...
Murree . . . . .	82	...	...	...	...	I	...	1	...	...	...	...	...	2	24.4	...	...
GROUP XIIb.—HILL CONVALES- CENT DEPÔTS AND SANITARIA	479	...	...	...	I	I	I	2	...	...	...	...	...	5	10.4	...	...
INDIA . . . . .	5,379	4	2	1	3	2	2	12	4	I	...	I	...	32	5.9	...	...
NORTHERN ARMY . . . . .	2,726	3	2	...	I	2	I	7	2	1	...	I	...	20	7.3	...	...
SOUTHERN „ . . . . .	2,650	1	...	I	2	...	I	5	2	...	...	...	...	12	4.5	...	...

\* Stations where Enteric Fever did not occur are not shown in this table.

CHILDREN, 1907.

TABLE XXV.

DEATHS OF CHILDREN BY AGES AND CAUSES.

AGE AT DEATH.	Cholera.	Small-pox.	Diphtheria and Croup.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercular Diseases.	Convulsions.	Respiratory Diseases.	Teething.	Dysentery.	Diarrhœa.	Anæmia, Debility, and Immaturity at birth.	ALL CAUSES.	Average annual strength.	Death rate per 1,000 of strength.	Liability. (The previous column expressed in percentages.)
Under 6 months . . . .	...	...	...	...	1	...	1	1	10	7	1	1	17	27*	94	561	167'56	57'00
Between 6 and 12 months . .	...	...	...	..	...	...	...	2	1	3	5	...	10	1	37	569	65'03	22'13
„ 12 and 18 „ . .	1	...	...	...	...	...	...	2	2	2	...	1	3	1	20	607	32'95	11'21
„ 18 and 24 „ . .	...	1	...	...	..	...	...	...	...	2	...	1	...	...	9	539	16'70	5'68
„ 2 years and 5 years .	...	...	2	...	1	...	...	...	1	...	...	1	1	...	14	1,416	9'89	3'36
„ 5 „ and 10 „ .	...	...	...	...	...	...	...	...	...	1	...	...	...	...	2	1,081	1'85	·6
„ 10 „ and 15 „ .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	487	...	...
„ 15 „ and upwards .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	116	...	...
TOTAL .	1	1	2†	...	2	...	1	5	14	15	6	4	31	29*	176	5,379‡	32'72	100'00

\* 25 Immaturity.  
† Diphtheria.  
‡ Includes 3 not classed on the line of march.





## II.—NATIVE TROOPS, 1907.



TABLE H.  
STATIONS by ARMIES.

STATIONS.	Height above the sea-level in feet.*	Authority for height.†	STATIONS.	Height above the sea-level in feet.*	Authority for height.†	STATIONS.	Height above the sea-level in feet.*	Authority for height.†
NORTHERN ARMY:—			SOUTHERN ARMY—contd.			SOUTHERN ARMY—contd.		
Ambala . . . . .	902	S. G.	Karachi . . . . .	28	S. G.	Bellary . . . . .	1,483	S. G.
Jullundur . . . . .	900	"	Bhuj . . . . .	341	"	Bangalore . . . . .	3,021	"
Ferozepore . . . . .	645	"	Rajkot . . . . .	417	"	Trichinopoly . . . . .	274	"
Lahore Cantonment . . . . .	706	"	Deesa . . . . .	470	"	St. Thomas' Mount . . . . .	250	"
Amritsar . . . . .	756	"	Ahmedabad . . . . .	170	"	Madras . . . . .	15	"
Sialkot . . . . .	829	"	Baroda . . . . .	115	"	Ootacamund . . . . .	7,216	"
Jhelum . . . . .	827	"	Alirajpore . . . . .	977	"	Camp Lovedale . . . . .	...	...
Rawalpindi . . . . .	1,707	"	Sirdarpore . . . . .	1,659	"	" Yellenhalli . . . . .	...	...
Attock . . . . .	1,192	G. T.	Jhabwa . . . . .	1,171	"	Port Blair . . . . .	85	S. G.
Mardan . . . . .	...	"	Kherwara . . . . .	1,050	"	Rangoon . . . . .	14	"
Nowshera . . . . .	1,100	M. O.	Kotra . . . . .	1,033	"	Meiktila . . . . .	860	"
Peshawar . . . . .	1,170	I. B.	Udaipur . . . . .	1,950	"	Fort Dufferin . . . . .	249	"
Fort Jamrud . . . . .	1,610	"	Todgarh . . . . .	2,855	"	Bhamo . . . . .	351	"
Kohat . . . . .	1,763	"	Erinpura . . . . .	876	"	Maymyo . . . . .	3,508	"
Thal . . . . .	2,820	"	Neemuch . . . . .	1,613	"			
Edwardesabad . . . . .	1,279	"	Deoli . . . . .	1,122	"			
Dera Ismail Khan . . . . .	571	S. G.	Beawar . . . . .	1,465	"			
Jatta . . . . .	1,000	I. B.	Nasirabad . . . . .	1,461	"			
Drazinda . . . . .	1,600	"	Ajmlr . . . . .	1,627	"			
Fort Zam . . . . .	1,350	"	Jaipur . . . . .	1,582	S. G.			
Multan . . . . .	402	S. G.	Gwalior . . . . .	1,089	"			
Jandola . . . . .	2,430	I. B.	Jhansi . . . . .	860	"			
Simla . . . . .	7,230	S. G.	Nowgong . . . . .	770	I. B.			
Jutogh . . . . .	6,371	"	Goona . . . . .	1,617	S. G.			
Dharmasala . . . . .	6,111	"	Agar . . . . .	1,671	"			
Bakloh . . . . .	4,585	"	Sehore . . . . .	1,617	"			
Murree . . . . .	7,250	"	Indore . . . . .	1,806	"			
Khairagali . . . . .	7,678	"	Mhow . . . . .	1,903	S. G.			
Baragali . . . . .	7,800	M. O.	Saugor . . . . .	1,753	"			
Kalabagh . . . . .	7,936	I. B.	Sutna . . . . .	1,040	M. D.			
Chitral . . . . .	4,980	S. G.	Jubbulpore . . . . .	1,306	S. G.			
Kila Drosh . . . . .	4,250	I. B.	Kampti . . . . .	930	"			
Malakand Fort . . . . .	3,889	S. G.	Sitabaldi . . . . .	1,236	"			
Dargai . . . . .	...	...	Aurangabad . . . . .	1,865	M. D.			
Chakdara . . . . .	2,500	I. B.	Ahmednagar . . . . .	2,125	S. G.			
Abbottabad . . . . .	4,166	"	Belgaum . . . . .	2,473	"			
Cherat . . . . .	4,546	S. G.	Satara . . . . .	2,183	"			
Fort Lockhart . . . . .	6,473	I. B.	Poona . . . . .	1,909	"			
Hangu . . . . .	3,650	"	Kirkee . . . . .	1,837	"			
Manipur . . . . .	2,619	S. G.	Sirur . . . . .	...	S. G.			
Sadiya . . . . .	440	M. H. I.	Bombay . . . . .	20	"			
Dibrugarh . . . . .	342	S. G.	Santa Cruz . . . . .	...	I. B.			
Fort William . . . . .	17	"	Mir Ali Khel . . . . .	3,620	"			
Alipore . . . . .	21	I. B.	Fort Sandeman . . . . .	4,522	S. G.			
Barrackpore . . . . .	24	S. G.	Hindu Bagh . . . . .	5,675	"			
Buxa . . . . .	2,457	"	Musa Khel . . . . .	4,600	I. B.			
Dinapore . . . . .	171	"	Kila Saifulla . . . . .	5,090	"			
Benares . . . . .	256	"	Murgha . . . . .	5,038	"			
Allahabad . . . . .	298	"	Loralai . . . . .	4,450	S. G.			
Fyzabad . . . . .	336	"	Gumbaz . . . . .	3,050	I. B.			
Lucknow . . . . .	400	"	Quetta . . . . .	5,511	S. G.			
Cawnpore . . . . .	417	"	Pishin . . . . .	5,157	"			
Bareilly . . . . .	560	"	Shelabagh . . . . .	6,380	I. B.			
Rurki . . . . .	884	"	Spinwana . . . . .	6,480	"			
Dehra Dun . . . . .	2,229	"	Chaman . . . . .	5,488	S. G.			
Meerut . . . . .	739	"	Mount Abu . . . . .	3,960	"			
Delhi . . . . .	715	"	Chabbar . . . . .	...	"			
Agra . . . . .	554	"	Jask . . . . .	...	"			
Kohima . . . . .	4,500	I. B.	Muscat . . . . .	...	"			
Shillong . . . . .	4,987	S. G.	Bushire . . . . .	40	I. B.			
Gangtok . . . . .	5,000	I. B.	Baghdad . . . . .	...	"			
Chumbj . . . . .	9,360	"	Aden . . . . .	26	S. G.			
Pharijong, Gyantse . . . . .	14,200	"	Dthalla . . . . .	5,100	"			
Almora . . . . .	12,900	"	Suleik . . . . .	...	"			
Naini Tal . . . . .	5,494	S. G.	Nobat Dakin . . . . .	...	"			
Lansdowne . . . . .	6,400	"	Khormaksar . . . . .	50	I. B.			
	6,260	"	Sheikh Othman . . . . .	...	"			
			Perim . . . . .	249	"			
SOUTHERN ARMY:—			Bolarum . . . . .	1,890	I. B.			
Bikanir . . . . .	779	S. G.	Secunderabad . . . . .	1,732	S. G.			
Sibi . . . . .	489	"	Cannanore . . . . .	47	"			
Jacobabad . . . . .	181	"	Trivandrum . . . . .	198	M. D.			
Hyderabad . . . . .	134	I. B.						

\* These are usually the heights above sea-level of the survey-marks or of the mercury-surface in barometer-cisterns in the stations.  
† S. G. = Surveyor-General of India ; M. H. I. = Dr. Macnamara's "Himalayan India" ; M. D. = Meteorological Department ; I. B. = Intelligence Branch of the Division of the Chief of the Staff ; M. O. = Medical Officers in charge of Station Hospitals in their Sanitary Reports.

# NATIVE TROOPS, 1907.

## TABLE XXVI.

### RATIOS of ARMIES.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

RATIO PER 1,000 OF THE AVERAGE STRENGTH.			
	Northern Army.	Southern Army.	Army of India.*
I.—AVERAGE ANNUAL STRENGTH . . . . .	61,163	50,484	126,392
II.—CONSTANTLY SICK RATE OF EACH MONTH—			
January . . . . .	32'1	24'7	23'8
February . . . . .	23'3	20'3	20'5
March . . . . .	18'6	19'6	18'4
April . . . . .	17'0	17'6	16'7
May . . . . .	20'1	18'2	18'8
June . . . . .	21'5	19'3	20'2
July . . . . .	20'8	19'9	20'2
August . . . . .	21'9	21'4	21'2
September . . . . .	25'6	23'2	23'7
October . . . . .	28'4	23'1	25'3
November . . . . .	29'5	22'4	25'2
December . . . . .	29'3	21'1	24'2
OF THE YEAR . . . . .	24'1	21'2	21'7
III.—ADMISSION RATE OF THE YEAR—			
Influenza . . . . .	5'6	8'5	6'5
Cholera . . . . .	'1	'5	'3
Small-pox . . . . .	'3	'5	'4
Enteric Fever . . . . .	1'8	1'4	1'4
Intermittent Fever . . . . .	287'9	159'8	220'5
Remittent Fever . . . . .	6'0	2'6	4'5
Simple Continued Fever . . . . .	12'9	23'5	16'6
Tubercle of the lungs . . . . .	2'7	1'9	2'5
Pneumonia . . . . .	15'4	9'5	12'4
Other Respiratory Diseases . . . . .	28'9	23'6	26'5
Dysentery . . . . .	31'3	35'3	33'5
Diarrhœa . . . . .	5'3	7'2	6'8
Hepatic { Abscess . . . . .	'1	'1	'1
{ Congestion and Inflammation . . . . .	'5	'5	'5
Scurvy . . . . .	1'0	3'0	2'3
Venereal Diseases . . . . .	1'8	18'3	14'7
ALL CAUSES . . . . .	712'0	583'7	628'9
IV.—DEATH RATE OF THE YEAR—			
Cholera . . . . .	'08	'38	'19
Small-pox . . . . .	'03	'06	'04
Enteric Fever . . . . .	'39	'40	'35
Intermittent Fever . . . . .	'56	'30	'40
Remittent Fever . . . . .	'38	'16	'26
Simple Continued Fever . . . . .	'02	'02	'02
Circulatory Diseases . . . . .	'18	'24	'18
Tubercle of the lungs . . . . .	'38	'30	'33
Pneumonia . . . . .	2'62	1'64	1'99
Other Respiratory Diseases . . . . .	'23	'22	'20
Dysentery . . . . .	'20	'18	'20
Diarrhœa . . . . .	'02	...	'02
Hepatic Abscess . . . . .	'05	'10	'05
Anæmia and Debility . . . . .	'05	'10	'09
ALL CAUSES . . . . .	7'28	5'68	6'27
V.—PERCENTAGE IN 100 ADMISSIONS—			
Influenza . . . . .	'79	1'46	1'03
Cholera . . . . .	'02	'09	'04
Small-pox . . . . .	'05	'09	'06
Enteric Fever . . . . .	'25	'24	'23
Intermittent Fever . . . . .	40'43	27'38	35'06
Remittent Fever . . . . .	'85	'44	'71
Simple Continued Fever . . . . .	1'82	4'02	2'63
Tubercle of the lungs . . . . .	'38	'32	'41
Pneumonia . . . . .	2'16	1'63	1'97
Other Respiratory Diseases . . . . .	4'06	4'04	4'21
Dysentery . . . . .	4'39	6'04	5'33
Diarrhœa . . . . .	'74	1'23	1'08
Hepatic { Abscess . . . . .	'01	'02	'01
{ Congestion and Inflammation . . . . .	'07	'09	'08
Scurvy . . . . .	'14	'51	'36
Venereal Diseases . . . . .	1'80	3'13	2'35
VI.—PERCENTAGE IN 100 DEATHS—			
Cholera . . . . .	1'1	6'6	3'0
Small-pox . . . . .	'4	1'0	'6
Enteric Fever . . . . .	5'4	7'0	5'5
Intermittent Fever . . . . .	7'6	5'2	6'3
Remittent Fever . . . . .	5'2	2'8	4'3
Simple Continued Fever . . . . .	'2	'3	'3
Circulatory Diseases . . . . .	2'5	4'2	3'2
Tubercle of the lungs . . . . .	5'2	5'2	5'3
Pneumonia . . . . .	36'0	28'9	31'8
Other Respiratory Diseases . . . . .	3'1	3'8	3'2
Dysentery . . . . .	2'7	3'1	3'2
Diarrhœa . . . . .	'2	...	'3
Hepatic Abscess . . . . .	'7	1'7	1'0
Anæmia and Debility . . . . .	'7	1'7	1'5

\* For complete detail of diseases see Table LIII.



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## TABLE XXVII.

### RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XXVIII.

The actuals will be found in Table XXIX.

RATIO PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	Army of India.
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gangetic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Decan.	Western Coast.	Southern India.	Hill Stations.	
I.—AVERAGE ANNUAL STRENGTH .	1,297	2,807	964	2,022	5,990	20,904	18,024	13,094	16,794	1,652	3,880	22,710	126,392
II.—CONSTANTLY SICK RATE OF EACH MONTH—													
January . . . . .	13'5	24'4	37'4	29'5	22'9	23'6	37'3	25'5	21'5	36'2	25'7	34'3	23'8
February . . . . .	16'4	20'6	33'0	33'9	16'5	16'7	29'2	19'2	18'1	30'7	17'1	26'4	20'5
March . . . . .	23'4	17'4	21'9	32'7	13'7	14'2	21'8	16'7	18'8	28'7	15'6	22'0	18'4
April . . . . .	25'5	22'8	25'8	20'8	13'9	13'9	19'7	16'3	16'0	26'9	13'0	18'2	16'7
May . . . . .	25'7	23'4	33'8	18'6	14'5	19'1	21'1	15'8	17'2	30'3	12'6	20'6	18'8
June . . . . .	28'3	35'6	32'7	20'5	15'6	19'4	23'1	16'8	17'4	23'1	13'6	22'4	20'2
July . . . . .	24'5	36'6	26'9	30'8	14'7	18'5	22'3	18'3	16'9	27'5	11'9	22'7	20'2
August . . . . .	24'3	34'7	24'3	38'4	15'2	20'3	22'0	20'1	18'8	39'1	12'0	24'3	21'2
September . . . . .	19'1	26'2	24'4	43'5	14'3	25'5	27'7	25'3	20'2	29'6	12'4	26'8	23'7
October . . . . .	18'9	26'4	31'7	41'4	19'6	24'4	34'5	25'0	19'6	26'3	14'3	29'8	25'3
November . . . . .	20'0	26'2	31'0	43'4	18'8	25'9	35'2	23'3	19'5	32'5	18'0	28'0	25'2
December . . . . .	20'3	22'2	28'0	35'9	15'5	25'2	40'6	23'1	17'4	33'6	21'2	25'0	24'2
OF THE YEAR . . . . .	21'6	26'4	30'1	32'6	16'2	20'5	28'1	20'8	18'6	30'9	16'0	25'1	21'7
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	...	...	...	1'5	'2	4'9	12'9	3'7	3'6	...	'5	14'3	6'5
Cholera . . . . .	...	...	...	...	...	'2	'2	'1	1'2	...	1'5	...	'3
Small-pox . . . . .	...	...	1'0	'5	'3	'5	'1	'3	'7	...	1'5	'4	'4
Enteric Fever . . . . .	...	'4	2'1	...	...	2'6	1'4	'9	2'4	2'4	1'0	1'7	1'4
Intermittent Fever . . . . .	154'2	161'0	407'7	429'3	97'3	218'7	433'3	253'1	78'1	249'4	57'7	217'8	220'5
Remittent Fever . . . . .	11'6	2'1	21'8	2'0	3'3	4'8	7'7	2'6	1'1	'6	1'0	5'9	4'5
Simple Continued Fever . . . . .	57'8	57'0	2'1	4'9	14'2	19'9	2'2	7'9	37'5	2'4	29'1	14'9	16'6
Tubercle of the lungs . . . . .	2'3	1'8	1'0	'5	2'5	2'8	3'1	2'4	'8	7'9	1'3	2'3	2'5
Pneumonia . . . . .	'8	4'6	2'1	7'4	8'3	11'6	23'0	10'9	6'5	10'9	7'0	16'8	12'4
Other Respiratory Diseases . . . . .	29'3	27'4	75'7	36'6	16'7	20'2	37'9	17'6	24'2	47'2	13'4	29'4	26'5
Dysentery . . . . .	23'1	21'0	24'9	54'9	32'6	18'8	44'9	26'0	32'7	73'2	18'3	37'2	33'5
Diarrhoea . . . . .	5'4	3'2	24'9	6'9	3'0	2'4	8'5	6'3	4'3	32'7	4'1	6'3	6'8
Hepatic { Abscess . . . . .	...	'4	...	...	...	'1	'1	...	'1	'6	'3	'0	'1
{ Congestion and Inflammation . . . . .	'8	'4	...	2'0	'3	'8	'2	'5	'8	...	'3	'4	'5
Scurvy . . . . .	...	'4	2'1	4'0	'7	'8	1'6	2'8	'7	15'1	1'3	2'3	2'3
Venereal Diseases . . . . .	5'4	16'4	45'6	22'7	10'9	14'4	7'5	14'4	23'2	24'8	28'6	13'0	14'7
ALL CAUSES . . . . .	562'8	628'8	1,059'1	937'0	443'9	582'3	951'1	655'6	491'8	929'8	414'9	634'2	628'9
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	...	...	...	...	...	'10	'17	...	'83	...	1'29	...	'19
Small-pox . . . . .	...	...	...	...	...	'05	'06	...	'06	...	...	'09	'04
Enteric Fever . . . . .	...	...	1'04	'49	...	'33	'33	'46	'54	'61	'52	'48	'35
Intermittent Fever . . . . .	...	'71	...	...	1'00	'33	'50	'15	'18	'61	'26	'79	'40
Remittent Fever . . . . .	...	...	...	'49	'33	'29	'22	'03	'18	...	...	'62	'26
Simple Continued Fever . . . . .	...	...	...	'49	...	...	...	...	'06	...	...	...	'02
Circulatory Diseases . . . . .	...	...	...	...	...	'24	'17	...	'42	1'21	'52	'18	'18
Tubercle of the lungs . . . . .	...	...	...	...	'33	'38	'22	'31	...	'61	'52	'57	'33
Pneumonia . . . . .	'77	'71	...	'99	1'34	1'77	4'22	1'37	1'19	2'42	1'03	2'99	1'99
Other Respiratory Diseases . . . . .	'77	'36	...	...	...	'19	'39	'31	'06	'61	...	'26	'20
Dysentery . . . . .	...	...	...	...	'33	'24	'17	...	'12	...	...	'31	'20
Diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	'04	'02
Hepatic Abscess . . . . .	'77	'36	...	...	...	'10	...	...	'12	...	'26	'04	'06
Anæmia and Debility . . . . .	...	...	...	...	...	'05	'06	'03	'06	...	...	'13	'09
ALL CAUSES . . . . .	2'31	3'21	1'04	4'95	5'63	6'46	8'77	4'58	5'06	7'87	5'93	8'37	6'27
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	...	...	...	'16	'04	'84	1'35	'56	'73	...	'12	2'26	1'03
Cholera . . . . .	...	...	...	...	...	'03	'02	'01	'24	...	'37	...	'04
Small-pox . . . . .	...	...	'10	'05	'68	'09	'01	'05	'13	...	'37	'06	'06
Enteric Fever . . . . .	...	'06	'20	...	...	'44	'15	'14	'48	'26	'25	'26	'23
Intermittent Fever . . . . .	27'40	25'61	38'49	47'33	21'93	37'55	45'55	38'60	15'87	26'82	13'91	34'35	35'06
Remittent Fever . . . . .	2'05	'34	2'06	'22	'75	'83	'81	'40	'23	'07	'25	'93	'71
Simple Continued Fever . . . . .	10'27	9'07	'20	'55	3'20	3'41	'23	1'21	7'62	'26	7'02	2'35	2'63
Tubercle of the lungs . . . . .	'41	'28	'10	'05	'56	'48	'32	'36	'16	'85	'31	'36	'41
Pneumonia . . . . .	'14	'74	'20	'82	1'88	1'99	2'42	1'67	1'33	1'17	1'68	2'65	1'97
Other Respiratory Diseases . . . . .	5'21	4'36	7'15	4'03	3'76	3'47	3'98	2'69	4'93	5'08	3'23	4'63	4'21
Dysentery . . . . .	4'11	3'34	2'35	6'05	7'33	3'23	4'72	3'97	6'65	7'88	4'41	5'80	5'33
Diarrhoea . . . . .	'96	'51	2'35	'76	'68	'42	'89	'97	'87	3'52	'99	'99	1'08
Hepatic { Abscess . . . . .	...	'05	...	...	...	'02	'01	...	'02	'07	'06	'01	'01
{ Congestion and Inflammation . . . . .	'14	'06	...	'22	'08	'13	'02	'03	'17	...	'06	'06	'08
Scurvy . . . . .	...	'06	'20	'44	'15	'13	'17	'43	'15	1'63	'31	'30	'36
Venereal Diseases . . . . .	'96	2'61	4'31	2'51	2'44	2'47	'79	2'20	4'72	2'67	6'89	2'05	2'35
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	...	...	...	...	...	1'5	1'9	...	16'5	...	21'7	...	3'0
Small-pox . . . . .	...	...	...	...	...	'7	'6	...	1'2	...	...	1'1	'6
Enteric Fever . . . . .	...	...	100'0	10'0	...	5'2	3'8	10'0	10'6	7'7	8'7	5'8	5'5
Intermittent Fever . . . . .	...	22'2	...	...	17'6	5'2	5'7	3'3	3'5	7'7	4'3	9'5	6'3
Remittent Fever . . . . .	...	...	...	10'0	5'9	4'4	2'5	1'7	3'5	...	...	7'4	4'3
Simple Continued Fever . . . . .	...	...	...	10'0	...	...	...	...	1'2	...	...	...	'3
Circulatory Diseases . . . . .	...	...	...	...	...	3'7	1'9	...	8'2	15'4	8'7	2'1	3'2
Tubercle of the lungs . . . . .	...	...	...	...	5'9	5'9	2'5	6'7	...	7'7	8'7	6'8	5'3
Pneumonia . . . . .	33'3	22'2	...	20'0	23'5	27'4	48'1	30'0	23'5	30'8	17'4	35'8	31'8
Other Respiratory Diseases . . . . .	33'3	11'1	...	...	...	3'0	4'4	6'7	1'2	7'7	...	3'2	3'2
Dysentery . . . . .	...	...	...	...	5'9	3'7	1'9	...	2'4	...	...	3'7	3'2
Diarrhoea . . . . .	...	...	...	...	...	...	...	...	...	...	...	'5	'3
Hepatic Abscess . . . . .	33'3	11'1	...	...	...	1'5	...	...	2'4	...	4'3	'5	1'0
Anæmia and Debility . . . . .	...	...	...	...	...	'7	'6	1'7	1'2	...	...	1'6	1'5

\* Including Group Extra India. For complete detail of diseases see Table LIII.



# NATIVE TROOPS, 1907.

## TABLE XXVIII.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.												2. DEATH RATE.											
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Port Blair . . .	252 {	...	...	...	...	515'9	15'9	23'8	...	...	...	47'6	11'9	...	...	4'0	...	19'8	4'0	845'2	31'7	4'0	...	...	
Rangoon . . .	1,045 {	...	...	...	...	67'0	10'5	66'0	1'0	2'9	1'0	24'9	25'8	6'7	...	...	...	17'2	5'7	494'7	19'1	1'9	3'8	...	
GROUP I.—BURMA COAST AND BAY ISLANDS. }	1,297 {	...	...	...	...	154'2	11'6	57'8	8	2'3	8	29'3	23'1	5'4	...	8	...	17'7	5'4	562'8	21'6	2'3	3'1	...	
Meiktila . . .	664 {	...	...	...	...	...	...	76'8	...	...	3'0	25'6	12'0	3'0	...	...	...	9'0	6'0	289'2	13'6	...	3'0	3'0	
Fort Dufferin . . .	1,401 {	...	...	...	7	94'9	2'1	77'8	...	1'4	6'4	32'8	14'3	1'4	7	7	7	5'0	17'1	604'6	24'3	2'1	5'7	9'3	
Bhamo . . .	742 {	...	...	...	...	429'9	4'0	...	...	4'0	2'7	18'9	41'8	6'7	...	...	...	12'1	24'3	978'4	41'8	14'8	...	9'4	
GROUP II.—BURMA INLAND }	2,807 {	...	...	...	4	161'0	2'1	57'0	...	1'8	4'6	27'4	21'0	3'2	4	4	4	7'8	16'4	628'8	26'4	5'0	3'6	7'8	
Manipur . . .	581 {	...	...	...	3'4	470'0	...	...	1'7	1'7	3'4	72'3	34'4	39'6	...	...	3'4	12'0	65'4	1,244'4	36'1	39'6	8'6	17'2	
Sadiya . . .	61 {	...	...	...	...	196'7	...	...	...	...	...	16'4	...	...	...	...	...	...	...	360'7	16'4	...	...	...	
Dibrugarh . . .	322 {	...	...	3'1	...	335'4	65'2	6'2	...	...	...	93'2	12'4	3'1	...	...	...	12'4	18'6	857'1	21'7	9'3	3'1	6'2	
GROUP III.—ASSAM . }	964 {	...	...	1'0	2'1	407'7	21'8	2'1	1'0	1'0	2'1	75'7	24'9	24'9	...	...	2'1	11'4	45'6	1,059'1	30'1	27'0	6'2	12'4	
Fort William . . .	552 {	...	...	1'8	...	250'0	...	5'4	...	...	5'4	36'2	29'0	1'8	...	1'8	...	12'7	47'1	661'2	30'8	7'2	19'9	19'9	
Alipore . . .	607 {	...	...	...	...	629'3	3'3	1'6	1'6	...	8'2	31'3	29'7	1'6	...	1'6	6'6	29'7	24'7	1,138'4	41'2	3'3	11'5	9'9	
Barrackpore . . .	727 {	4'1	...	...	...	459'4	1'4	4'1	...	...	8'3	31'6	103'2	16'5	...	2'8	5'5	11'0	6'9	960'1	28'9	1'4	2'8	2'8	
Buxa . . .	136 {	...	...	...	...	102'9	7'4	22'1	...	7'4	7'4	88'2	14'7	...	...	...	...	80'9	...	588'2	22'1	...	...	...	
GROUP IV.—BENGAL AND ORISSA }	2,022 {	1'5	...	5	...	429'3	2'0	4'9	5	5	7'4	36'6	54'9	6'9	...	2'0	4'0	21'8	22'7	907'0	32'6	3'5	9'9	9'4	



# NATIVE TROOPS, 1907.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhoea.
B.																								
Dinapore . . .	697 {	...	...	...	...	35'9	5'7	51'6	...	1'4	4'3	8'6	17'2	4'3	...	...	...	4'3	14'3	262'6 2'87	11'5	4'3	7'2	2'...
Benares . . .	635 {	...	...	1'6	...	37'8	...	18'9	...	...	4'7	23'6	25'2	...	...	...	...	18'9	9'4	326'0	12'6	...	4'7	...
Allahabad . . .	1,106 {	...	...	...	...	166'4 2'71	...	4'5	1'8	...	2'7 2'71	15'4	59'7	6'3	...	9	1'8	25'3	11'8	749'5 9'95	23'5	1'8	4'5	5'...
Fyzabad . . .	1,024 {	...	...	...	...	139'6	1'0	1'0	...	2'0 '98	14'6 '98	13'7	36'1	2'0	...	...	1'0	3'9	11'7	431'6 4'88	15'6	5'9	2'0	3'...
Lucknow . . .	1,588 {	...	...	6	...	74'3 1'26	9'4 1'26	18'3	...	3'8 '63	10'7 1'89	20'8	23'3 1'26	1'9	...	...	6	2'5	7'6	379'7 7'56	13'9	2'5	3'8	1'...
Cawnpore . . .	940 {	1'1	...	...	...	94'7 1'06	...	2'1	2'1	6'4	9'6 1'06	16'0	28'7	3'2	...	1'1	...	13'8	12'8	420'2 4'26	18'1	4'3	3'2	5'...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.																								
	5,990 {	2	...	3	...	97'3 1'00	3'3 '33	14'2	7	2'5 '33	8'3 1'34	16'7	32'6 '33	3'0	...	3	7	10'7	10'9	443'9 5'68	16'2	3'2	4'0	3'...
A.																								
Bareilly . . .	1,131 {	...	...	...	9	53'1	...	...	...	9	2'7	11'5	21'2	2'7	9	...	...	15'9	13'3	270'6 1'77	10'6	2'7	4'4	6'...
Rurki . . .	736 {	...	...	...	...	13'6	4'1 1'36	62'5	2'7	...	8'2 1'36	13'6	5'4	2'7	...	...	1'4	14'9 1'36	1'4	316'6 8'15	12'2	...	1'4	...
Dehra Dun . . .	2,491 {	...	...	...	12'0 1'20	694'5 1'61	3'6	96'3	4	9'2 '80	14'9 '80	18'5 '40	18'1	2'0	...	1'2 '40	8	11'6	40'5 '40	1,173'4 9'63	40'5	13'6	14'9 '40	12'...
Meerut . . .	1,462 {	...	...	...	1'4	56'8	2'1	4'1	...	7	16'4 2'74	13'0 68	25'3 '68	7	...	7	7	9'6	25'3	386'5 5'47	15'7	10'3	5'5	9'...
Delhi . . .	1,103 {	2'7	...	9	...	524'9 '91	9	...	...	...	22'7 '91	24'5	29'0	12'7	...	...	...	23'6	8'2	893'0 2'72	20'9	4'5	9	2'...
Ambala . . .	1,770 {	...	6	...	6	49'2 1'13	4'5 1'69	7'9	...	4'0 '56	4'5 '56	28'2 '56	18'1	1'1	...	1'7 '56	...	10'2	11'3	340'1 10'73	15'8	5'1	1'7	4'...
B.																								
Jullundur . . .	1,753 {	2'3	...	...	1'7	151'7	21'7 '57	1'1	6	2'3	9'7 1'71	26'8	13'7	...	6	...	2'3	14'3	5'7	492'9 2'85	20'5	1'1	...	4'...
Ferozepore . . .	1,273 {	72'3	...	...	2'4	165'8	...	9'4	2'4	1'6	7'1	11'8	13'3	8	...	4'7	...	6'3	11'0	619'0 3'14	20'4	3'1	5'5	2'...
Lahore Cantonment	1,763 {	1'7	1'1	2'3	1'1 1'13	50'5	6'8	22'1	...	4'5 '57	14'7 2'84	23'8	25'5 '57	6	...	...	1'1	6'8	9'1	410'1 9'64	25'3	4'5	2	2'...
Amritsar . . .	142 {	...	...	...	...	190'1	...	...	...	7'0	21'1 14'08	35'2	21'1	7'0	...	...	...	7'0	21'1	577'5 28'17	21'1	14'1	...	7'...
Sialkot . . .	1,743 {	...	...	6	6	212'9	6'3	...	...	1'1	11'5 2'87	24'7	24'1	6'3	...	...	...	20'7	14'3	699'4 5'16	19'5	7'5	1'7	5'...
Jhelum . . .	3,214 {	...	3	9	1'6 '31	170'2	3'1 '31	3'4	...	1'2	10'9 1'87	13'1	10'0 '31	1'6	3	6	1'6	8'4	3'7	477'9 4'36	17'1	1'9	6	1'...
Rawalpindi . . .	2,222 {	...	...	9	2'3 '45	216'9	2'3	19'8	...	1'4 '45	11'7 3'15	25'2 '45	25'2 '90	2'3	...	5	...	23'0	17'1	573'4 7'65	22'1	9'0	4'1	4'...
Attock . . .	101 {	...	...	...	9'9 9'90	287'1	9'9	9'9	...	19'8 19'80	29'7	69'3	...	...	...	...	9'9	9'9	...	712'9 29'70	29'7	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.																								
	20,904 {	4'9	2	5	2'6 '33	218'7	4'8 '29	19'9	3	2'8 '38	11'6 1'77	20'2	18'8 '19	2'4	1	8	8	13'3	14'4	582'3 6'46	20'5	5'8	3'8	4'8
A																								
Mardan . . .	891 {	7'9	...	...	...	415'3	...	1'1	1'1	3'4 1'12	29'2 7'86	43'8	16'8	3'4	...	...	...	11'2	12'3	759'8 10'10	23'6	1'1	...	11'2
Nowshera . . .	3,214 {	14'0	...	...	3	186'1 '31	23'6	4'4	9	2'5	17'4 1'87	21'2	34'2	3'1	...	3	1'6	17'7 '31	3'4	644'4 6'53	24'6	1'2	3	1'9
Peshawar . . .	2,501 {	19'2	...	...	1'2 '40	498'2 '80	4'0	1'2	...	1'2	22'0 3'60	80'4 '40	58'8 '40	13'6	...	4	2'4	22'4	11'2	1,129'9 9'20	31'2	2'8	2'4	6'0



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.													2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Fort Jamrud .	109 {	...	...	...	9'2	458'7	18'3	...	...	9'2	36'7	55'0	110'1	...	...	...	...	9'2	9'2	1,110'1	27'5	...	...	9'2
		...	...	...	...	...	...	...	...	...	9'17	...	...	...	...	...	...	...	...	9'17	...	...	...	...
Kohat .	2,861 {	14'3	1'0	...	1'0	514'2	2'4	...	...	3'8	30'1	25'9	39'5	2'8	...	3	1'7	26'2	7'7	1,039'8	34'6	1'7	2'4	3'5
		...	1'05	...	...	1'75	...	...	...	...	6'99	...	...	...	...	35	...	...	...	11'53	...	...	...	...
Thal .	127 {	...	...	...	...	677'2	...	...	...	...	15'7	78'7	47'2	7'9	...	...	...	31'5	7'9	1,574'8	39'4	...	...	7'9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad .	2,053 {	24'8	...	...	4'9	693'1	1'9	3'4	2'4	5'8	25'8	40'4	70'1	9'7	...	...	1'0	14'6	12'2	1,400'4	33'1	4'4	2'9	4'9
		...	...	...	1'95	...	...	...	49	49	1'95	49	...	...	...	...	...	...	...	6'33	...	...	...	...
Dera Ismail Khan	2,342 {	...	...	4	2'1	733'9	5'6	4'7	9	4	26'0	43'1	49'1	16'7	4	...	2'6	18'4	4'3	1,363'4	33'3	1'3	...	3'0
		...	...	43	43	...	...	...	...	43	7'26	43	43	...	...	...	...	...	...	11'53	...	...	...	...
Jatta .	58 {	...	...	...	...	706'9	17'2	...	...	...	17'2	34'5	86'2	51'7	...	...	...	...	...	1,086'2	17'2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Drazinda .	58 {	...	...	...	...	1,413'8	51'7	...	...	...	51'7	155'2	86'2	...	...	...	...	...	...	2,120'7	34'5	...	...	...
		...	...	...	...	...	...	...	...	...	17'24	...	...	...	...	...	...	...	...	17'24	...	...	...	...
Fort Zam .	54 {	...	...	...	...	277'8	18'5	...	...	...	...	74'1	129'6	18'5	...	...	...	18'5	...	740'7	18'5	...	...	...
		...	...	...	...	...	18'52	...	...	...	...	...	...	...	...	...	...	...	...	18'52	...	...	...	...
Multan .	1,855 {	4'3	...	...	1'6	152'0	2'7	1'6	1'6	4'3	19'9	19'9	28'6	3'2	...	...	...	8'1	3'8	430'7	15'6	5	1'6	1'6
		...	...	...	...	...	...	...	...	...	2'70	54	...	...	...	...	...	...	...	4'31	...	...	...	...
Bikanir .	7 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	142'9	285'7	142'9	...	142'9	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	142'86	...	...	...	...
B.																								
Jandola .	185 {	...	...	...	...	594'6	43'2	...	...	...	16'2	59'5	91'9	64'9	...	5'4	...	5'4	5'4	1,221'6	21'6	5'4	...	...
		...	...	...	...	...	10'81	...	...	...	5'41	5'41	...	...	...	...	...	...	...	21'62	...	...	...	...
Sibi .	66 {	...	...	...	...	651'5	...	...	...	...	15'2	15'2	60'6	...	...	...	...	...	...	924'2	15'2	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
C.																								
Jacobabad .	422 {	...	...	...	...	412'3	21'3	2'4	...	7'1	30'8	21'3	49'8	11'8	2'4	...	2'4	9'5	4'7	995'3	33'2	...	...	4'7
		...	...	...	...	...	2'37	...	...	...	4'74	2'37	...	...	...	...	...	...	...	11'85	...	...	...	...
Hyderabad .	619 {	...	...	...	...	100'2	...	...	...	4'8	9'7	3'2	27'5	11'3	...	...	1'6	6'5	14'5	289'2	16'2	3'2	9'7	1'6
		...	...	...	...	1'62	...	...	...	...	...	...	1'62	...	...	...	...	...	...	3'23	...	...	...	...
Karachi .	602 {	53'2	...	1'7	...	61'5	...	...	6'6	3'3	11'6	43'2	29'9	6'6	...	...	5'0	6'6	11'6	483'4	23'3	5'0	3'3	3'3
		...	...	...	...	...	...	...	1'66	1'66	4'98	1'66	...	...	...	...	...	...	...	14'95	...	...	...	...
GROUP VII.—N. W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA.	18,024 {	12'9	2	1	1'4	433'3	7'7	2'2	1'0	3'1	23'0	37'9	44'9	8'5	1	2	1'6	16'9	7'5	951'1	28'1	2'0	1'8	3'8
		...	17	06	33	50	22	...	17	22	4'22	39	17	...	...	06	...	06	...	8'77	...	...	...	...



# NATIVE TROOPS, 1907.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
A.																								
Bhuj . . .	230 {	...	...	...	...	382'6	13'0	21'7	...	4'3	...	17'4	30'4	...	...	...	26'1	17'4	21'7	800'0	21'7	21'7	...	...
		...	...	...	...	...	4'35	...	...	...	...	...	...	...	...	...	...	...	...	8'70	...	...	...	...
Rajkot . . .	691 {	...	...	...	2'9	141'8	18'8	8'7	2'9	2'9	1'4	30'4	20'3	4'3	...	4'3	10'1	2'9	20'3	532'6	26'0	8'7	8'	2'9
		...	...	...	1'45	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'89	...	...	...	...
Deesa . . .	655 {	...	...	...	1'5	323'7	...	...	...	...	35'1	30'5	15'3	6'1	...	...	1'5	27'5	15'3	827'5	30'5	3'1	4'6	7'6
		...	...	...	1'53	...	...	...	...	...	7'63	1'53	...	...	...	...	1'53	1'53	...	19'85	...	...	...	...
Ahmedabad . .	464 {	...	...	...	...	400'9	...	97'0	...	2'2	10'8	15'1	17'2	15'1	...	2'2	...	25'9	4'3	974'2	28'0	4'3	...	...
		...	...	...	...	...	...	...	...	2'16	...	...	...	...	...	...	...	...	...	4'31	...	...	...	...
Baroda . . .	623 {	...	...	1'6	...	646'9	3'2	1'6	6'4	1'6	14'4	28'9	40'1	19'3	...	1'6	27'3	12'8	25'7	1,112'4	28'9	17'7	4'8	3'2
		...	...	...	...	1'61	...	...	...	...	...	...	...	...	...	...	...	...	...	3'21	...	...	...	...
B.																								
Alirajpore . .	21 {	...	...	...	...	47'6	...	...	...	...	95'2	...	...	95'2	...	...	...	...	142'9	428'6	47'6	142'9	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirdarpore . .	94 {	...	...	...	...	21'3	10'6	202'1	...	...	21'3	21'3	42'6	...	21'3	...	...	...	...	702'1	31'9	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhabwa . . .	25 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	80'0	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kherwara . . .	356 {	...	...	...	...	61'8	...	...	...	16'9	8'4	19'7	2'8	2'8	...	...	...	8'4	2'8	553'4	28'1	2'8	...	...
		...	...	...	...	...	...	...	...	2'81	...	...	...	...	...	...	...	...	...	2'81	...	...	...	...
Kotra . . .	150 {	...	...	...	...	140'0	20'0	...	...	...	13'3	40'0	...	...	...	...	...	...	20'0	560'0	20'0	13'3	...	6'7
		...	...	...	...	...	...	...	...	...	6'67	...	...	...	...	...	...	...	...	6'67	...	...	...	...
Udaipur . . .	41 {	...	...	...	...	24'4	...	...	...	24'4	...	...	...	24'4	...	...	24'4	...	...	146'3	...	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Todgarh . . .	32 {	...	...	...	...	...	31'3	...	...	...	...	...	62'5	...	...	...	...	...	...	93'8	31'3	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura . . .	569 {	1'8	...	...	...	151'1	...	1'8	...	1'8	8'8	42'2	17'6	5'3	...	...	...	...	8'8	653'8	22'8	1'8	5'3	1'8
		...	...	...	...	...	...	...	...	...	1'76	...	...	...	...	...	...	...	...	3'51	...	...	...	...
Neemuch . . .	372 {	...	...	...	...	104'8	...	...	5'4	2'7	29'6	8'1	29'6	2'7	...	...	...	5'4	8'1	462'4	13'4	2'7	...	5'4
		...	...	...	...	...	...	...	...	...	5'38	...	...	...	...	...	...	...	...	10'75	...	...	...	...
Deoli . . .	605 {	...	1'7	...	...	81'0	1'7	21'5	...	...	14'9	6'6	16'5	1'7	...	...	1'7	5'0	18'2	398'3	11'6	3'3	1'7	13'2
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3'31	...	...	...	...
Beawar . . .	46 {	...	...	...	...	21'7	...	...	...	...	...	...	...	...	...	...	...	...	21'7	43'5	5'4	...	...	21'7
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . .	674 {	...	...	1'5	...	204'7	...	...	1'5	...	4'5	25'2	19'3	1'5	...	...	...	10'4	8'9	494'1	20'8	...	3'0	5'9
		...	...	...	...	...	...	...	...	...	2'97	1'48	...	...	...	...	...	...	...	4'45	...	...	...	...
Ajmir . . .	516 {	...	...	...	...	174'4	1'9	...	...	11'6	25'2	3'9	5'8	1'9	...	...	1'9	3'9	13'6	490'3	15'5	5'8	3'9	3'9
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jaipur . . .	40 {	...	...	...	...	325'0	...	...	...	...	75'0	25'0	25'0	...	...	...	...	...	...	600'0	25'0	...	...	...
		...	...	...	...	...	...	...	...	...	...	25'00	...	...	...	...	...	...	...	50'00	...	...	...	...
Agra . . .	708 {	...	...	...	...	192'1	4'2	1'4	...	...	11'3	12'7	33'9	5'6	...	...	...	...	15'5	374'3	15'5	7'1	8'5	...
		...	...	...	...	...	...	...	...	...	4'24	...	...	...	...	...	...	...	...	5'65	...	...	...	...



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE.												
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Gwalior . . .	27 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	74'1	6'2	...	...	...
Jhansi . . .	3,102 {	4'5	...	3	1'3	328'5	1'0	2'6	3	1'6	8'7	14'2	53'2	6'4	...	...	...	17'4	21'3	832'4	20'3	7'1	9'0	5'2
Nowgong . . .	125 {	...	...	...	...	48'0	...	...	...	...	...	8'0	16'0	...	...	...	...	...	72'0	216'0	16'0	48'0	...	24'0
Goona . . .	329 {	3'0	...	...	...	15'2	...	...	3'0	...	12'2	30'4	6'1	...	...	...	...	9'1	...	240'1	12'2	...	...	...
Agar . . .	384 {	83'3	...	...	2'6	75'5	5'2	...	2'6	...	18'2	13'0	28'6	...	...	...	...	5'2	2'6	427'1	15'6	...	...	2'0
Sehore . . .	715 {	...	...	...	2'8	285'3	...	...	...	1'4	1'4	2'8	15'4	9'8	...	...	...	2'8	2'8	628'0	19'6	1'4	...	1'4
Indore . . .	203 {	...	...	...	...	54'2	4'9	...	...	...	4'9	34'5	19'7	4'9	...	...	...	9'9	4'9	536'9	19'7	4'9	...	...
Mhow . . .	1,297 {	...	...	8	1'5	350'0	...	3'8	8	3'8	3'1	13'1	5'4	7'7	...	...	2'3	6'2	9'3	697'8	23'1	4'6	...	4'6
GROUP VIII.— SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT .	13,094 {	3'7	1	3	9	253'1	2'6	7'9	1'0	2'4	10'9	17'6	26'0	6'3	...	5	2'8	10'1	14'4	655'6	20'8	6'1	4'1	4'2
A.																								
Saugor . . .	1,222 {	13'1	...	3'3	8	188'2	...	61'4	1'6	1'6	11'5	29'5	14'7	1'6	...	...	2'5	10'6	13'1	664'5	21'3	4'9	...	8'2
Sutna . . .	41 {	...	...	...	...	97'6	...	...	...	...	24'4	24'4	73'2	...	...	...	...	...	24'4	463'4	24'4	24'4	...	...
Jubbulpore . . .	1,891 {	6'3	...	1'1	5	136'4	1'6	40'2	2'6	1'6	9'5	18'5	88'3	9'0	...	5	...	16'4	7'4	684'8	23'	2'1	1'1	4'2
Kampti . . .	507 {	...	31'6	2'0	2'0	69'0	...	5'9	...	2'0	15'8	23'7	7'9	...	...	7'9	3'9	3'9	23'7	467'5	25'6	11'8	3'9	7'9
Sitabaldi . . .	100 {	...	...	20'0	...	450'0	...	...	...	...	...	10'0	10'0	20'0	...	...	...	...	10'0	680'0	10'0	10'0	...	...
B.																								
Aurangabad . . .	1,455 {	2'1	...	7	2'7	94'2	6'9	13'7	7	...	8'9	8'2	16'5	2'1	...	...	...	8'2	18'6	445'4	17'2	6'2	6'2	6'2
Ahmednagar . . .	812 {	...	...	1'2	...	11'1	...	25'9	2'5	2'5	16'0	33'3	18'5	3'7	...	...	...	...	48'0	461'8	18'5	14'8	17'2	16'0
Bolarum . . .	1,753 {	3'4	...	...	4'0	17'7	6	64'5	2'9	1'7	3'4	14'3	35'4	...	...	2'9	...	9'1	13'1	410'2	17'7	4'0	1'7	7'4
Secunderabad . . .	3,091 {	2'9	3	...	3'2	59'2	3	28'5	1'9	3	4'5	12'6	26'2	5'8	3	6	1'9	5'5	11'0	340'3	16'2	2'3	4'2	4'5
Belgaum . . .	1,550 {	3'2	...	...	2'6	103'9	1'3	3'9	...	...	3'2	20'0	58'1	1'3	...	...	...	1'9	54'2	571'0	20'0	15'5	23'9	14'8
Satara . . .	90 {	...	...	...	...	22'2	...	...	...	...	...	...	11'1	...	...	...	...	...	...	100'0	...	...	...	...



# NATIVE TROOPS, 1907.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Poona . . .	2,209 {	.5 ...	.9 .45	...	3.6 ...	22.6 ...	...	45.7 .45	2.3 ...	...	4.5 .91	23.5 ...	24.0 ...	4.5 ...	.5 .45	.9 ...	...	8.6 ...	41.6 ...	437.8 4.53	19.5	13.6 ...	10.9 ...	17.2 ...	
Kirkee . . .	1,688 {	4.7 .59	.6 .59	...	2.4 ...	84.7 ...	1.2 ...	74.6 ...	...	.6 .59	4.1 .59	78.2 .59	9.5 ...	7.7 ...	...	...	.6 ...	11.3 ...	24.3 ...	610.8 2.96	15.4	7.7 ...	7.1 ...	9.5 ...	
Sirur . . .	385 {	...	...	...	...	59.7 ...	...	...	...	...	2.6 2.60	10.4 ...	36.4 ...	5.2 ...	...	...	...	2.6 ...	15.6 ...	368.8 10.39	15.6	5.2 ...	...	10.4 ...	
GROUP IX.— DECCAN.	16,794 {	3.6 .06	1.2 .83	.7 .06	2.4 .54	78.1 .18	1.1 .18	37.5 .06	1.5 .42	.8 ...	6.5 1.19	24.2 .06	32.7 .12	4.3 ...	.1 .12	.8 ...	.7 ...	7.9 .06	23.2 ...	491.8 5.06	18.6	7.3 ...	6.9 ...	9.1 ...	
Bombay . . .	586 {	...	...	...	1.7 ...	395.9 1.70	...	...	1.7 1.70	5.1 1.70	18.8 6.82	39.2 1.70	87.0 ...	59.7 ...	...	...	5.1 ...	42.7 ...	22.2 ...	1,063.1 18.76	32.4	3.4 ...	13.6 ...	5.1 ...	
Santa Cruz . . .	600 {	...	...	...	3.3 1.67	283.3 ...	1.7 ...	...	...	13.3 ...	10.0 ...	86.7 ...	110.0 ...	31.7 ...	...	...	36.7 ...	8.3 ...	30.0 ...	1315.0 1.67	43.3	3.3 ...	21.7 ...	5.0 ...	
Cannanore . . .	405 {	...	...	...	...	19.8 ...	...	9 2.47	2.5 ...	4.9 ...	...	7.4 ...	4.9 ...	...	2.5 ...	...	...	4.9 ...	24.7 ...	269.1 2.47	12.3	4.9 ...	7.4 ...	12.3 ...	
Trivandrum. . .	61 {	...	...	...	16.4 ...	32.8 ...	...	...	...	...	16.4 ...	...	32.8 ...	...	...	...	...	...	...	245.9 ...	16.4	...	...	...	
GROUP X.— WESTERN COAST.	1,652 {	...	...	...	2.4 .61	249.4 .61	.6 ...	2.4 ...	1.2 1.21	7.9 .61	10.9 2.42	47.2 .61	73.2 ...	32.7 ...	.6 ...	...	15.1 ...	19.4 ...	24.8 ...	929.8 7.87	30.9	3.6 ...	14.5 ...	6.7 ...	
A.																									
Bellary . . .	482 {	...	...	10.4 ...	2.1 ...	120.3 ...	4.1 ...	33.2 ...	4.1 2.07	2.1 2.07	...	14.5 ...	24.9 ...	4.1 ...	...	...	...	...	60.2 ...	549.8 6.22	20.7	47.7 ...	...	12.4 ...	
Bangalore . . .	2,212 {	.5 ...	.9 .90	.5 ...	.9 .45	72.3 .45	.5 ...	34.4 ...	2.3 ...	...	8.6 1.81	15.8 ...	17.6 ...	4.5 ...	...	.5 ...	2.3 ...	16.7 ...	28.0 ...	461.1 4.97	16.7	7.7 ...	12.2 ...	8.1 ...	
B.																									
Trichinopoly . . .	505 {	2.0 ...	...	...	...	...	...	13.9 ...	...	2.0 1.98	2.0 ...	5.9 ...	7.9 ...	...	...	...	...	11.9 ...	5.9 ...	176.2 3.96	5.9	...	4.0 ...	2.0 ...	
St. Thomas' Mount. }	487 {	...	8.2 6.16	...	2.1 2.05	2.1 ...	...	16.4 ...	4.1 2.05	6.2 ...	8.2 ...	6.2 ...	10.3 ...	2.1 ...	2.1 2.05	...	...	12.3 ...	14.4 ...	232.0 12.32	10.3	8.2 ...	2.1 ...	4.1 ...	
Madras . . .	194 {	...	...	...	...	25.8 ...	5.2 ...	30.9 ...	...	...	15.5 ...	20.6 ...	56.7 ...	15.5 ...	...	...	...	15.5 ...	51.5 ...	634.0 5.15	36.1	5.2 ...	10.3 ...	36.1 ...	
GROUP XI.— SOUTHERN INDIA.	3,880 {	.5 ...	1.5 1.29	1.5 ...	1.0 .52	57.7 .26	1.0 ...	29.1 ...	2.3 .52	1.3 .52	7.0 1.03	13.4 ...	18.3 ...	4.1 ...	.3 .26	.3 ...	1.3 ...	13.4 ...	28.6 ...	414.9 5.93	16.0	11.6 ...	8.2 ...	8.8 ...	
Maymyo . . .	992 {	...	...	...	2.0 ...	226.8 2.02	25.2 ...	4.0 ...	...	4.0 2.02	8.1 ...	22.2 ...	37.3 ...	5.0 ...	...	...	1.0 ...	26.2 1.01	33.3 ...	825.6 7.06	30.2	18.1 ...	9.1 ...	6.0 ...	
Kohima . . .	172 {	...	...	...	...	168.6 ...	5.8 ...	...	...	...	...	29.1 ...	29.1 ...	11.6 ...	...	...	...	64.0 ...	29.1 ...	540.7 ...	29.1	23.3 ...	...	5.8 ...	
Shillong . . .	736 {	...	...	...	4.1 ...	297.6 2.72	2.7 ...	...	...	...	8.2 1.36	13.6 ...	21.7 ...	6.8 ...	1.4 1.36	...	...	4.1 ...	28.5 ...	778.5 6.79	24.5	12.2 ...	1.4 ...	14.9 ...	
Gangtok . . .	95 {	...	...	...	...	147.4 ...	10.5 10.53	126.3 ...	...	...	...	42.1 ...	63.2 ...	21.1 ...	...	...	...	...	...	684.2 10.53	21.1	...	...	...	
Chumbi (including Pharijong) (libet).	243 {	...	...	...	...	24.7 ...	...	12.3 ...	...	...	...	8.2 ...	28.8 ...	...	...	...	4.1 ...	20.6 ...	45.3 ...	242.8 ...	12.3	20.6 ...	...	24.7 ...	
Gyantse . . .	80 {	...	...	...	...	12.5 ...	...	...	87.5 ...	...	...	12.5 ...	12.5 ...	...	...	...	...	25.0 ...	37.5 ...	287.5 ...	12.5	...	...	37.5 ...	
Almora . . .	581 {	...	...	3.4 ...	5.2 1.72	137.7 ...	...	10.3 ...	1.7 ...	5.2 ...	15.5 ...	12.0 ...	25.8 ...	6.9 ...	...	...	...	18.9 ...	8.78 ...	831.3 1.72	24.1	24.1 ...	31.0 ...	32.7 ...	



STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.								
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Naini Tal	131	...	...	...	15'3	221'4	7'6	...	...	7'6	7'6	22'9	22'9	...	...	...	...	...	...	473'3	22'9	...	...	...
		...	...	...	...	...	7'63	...	...	7'63	...	...	...	...	...	...	...	...	...	15'27	...	...	...	...
Lansdowne	2,315	...	...	...	4'43	93'7	6'0	9	4	2'6	10'4	6'4	27'6	3'9	...	4	...	4'8	13'4	378'4	19'0	7'3	9	5'2
		...	...	...	...	86	86	...	43	1'30	1'30	85	...	...	...	...	...	...	...	6'48	...	...	...	...
Simla	131	...	...	...	...	15'3	...	...	...	...	15'3	...	...	...	...	...	7'6	...	...	213'7	7'6	...	...	...
Jutogh	169	...	...	...	...	29'6	...	...	...	...	5'9	5'9	...	35'5	...	...	...	11'8	17'8	260'4	11'8	11'8	...	5'9
Dharmasala	1,379	...	...	1'5	2'9	74'0	2'9	...	...	5'8	10'9	10'2	21'0	4'4	...	7	...	7'3	7'3	353'9	16'0	4'4	1'5	1'5
		...	...	...	73	...	1'45	...	...	1'45	73	...	73	73	...	...	...	...	...	7'93	...	...	...	...
Bakloh	1,449	22'1	...	...	...	142'9	30'4	...	7	2'8	4'1	3'5	6'9	1'4	...	...	7	3'5	6'9	405'1	15'9	3'5	2'1	1'4
		...	...	...	...	...	1'38	...	69	69	...	...	...	...	...	...	...	...	...	3'45	...	...	...	...
Murree	25	...	...	...	...	40'0	...	...	...	...	40'0	...	...	...	...	...	...	40'0	...	240'0	40'0	...	...	...
		...	...	...	...	...	...	...	...	...	40'00	...	...	...	...	...	...	...	...	40'00	...	...	...	...
Khairagali	64	...	...	...	...	31'3	...	...	...	...	...	...	...	45'9	...	...	...	...	...	203'1	15'6	...	...	...
Baraguli	69	...	...	...	...	43'5	...	...	...	...	...	58'0	72'5	...	...	...	...	...	29'0	463'8	14'5	...	29'0	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh	65	...	...	...	...	92'3	...	15'4	...	...	...	61'5	...	...	...	...	...	...	...	492'3	15'4	...	...	...
Chitral	206	...	...	...	...	121'4	9'7	97'1	...	4'9	14'6	29'1	24'3	...	...	...	...	9'7	4'9	572'8	19'4	4'9	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4'85	...	...	...	...
Kila Drosh	675	7'4	...	...	...	134'8	1'5	186'7	...	...	22'2	50'4	20'7	1'5	...	3'0	...	4'4	4'4	724'4	25'2	...	...	4'4
		...	...	...	...	2'96	1'48	...	...	...	8'89	...	...	...	...	...	...	...	...	14'81	...	...	...	...
Malakand	771	...	...	...	...	395'6	2'6	5'2	1'3	1'3	53'2	55'8	121'9	7'8	...	...	13	42'8	3'9	1050'6	36'3	1'3	...	2'6
		...	...	...	...	1'30	1'30	...	1'30	...	20'75	2'59	1'30	...	...	...	...	...	...	29'83	...	...	...	...
Dargai	406	...	...	...	7'4	234'0	2'5	7'4	...	...	22'2	22'2	24'6	4'9	...	...	2'5	17'2	2'5	588'7	17'2	...	...	2'5
		...	...	...	2'46	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2'46	...	...	...	...
Chakdara	400	...	...	...	...	415'0	...	20'0	...	...	7'5	20'0	32'5	2'5	...	...	2'5	12'5	5'0	745'0	17'5	...	...	5'0
		...	...	...	...	2'50	...	...	...	...	2'50	...	...	...	...	...	...	...	...	7'50	...	...	...	...
Abbottabad	3,446	...	...	...	3'8	486'9	2'3	16'0	9	5'2	25'0	63'0	29'6	7'3	...	6	...	14'2	11'3	951'8	42'4	9	2'6	7'8
		...	...	...	1'45	1'45	29	...	29	87	2'61	29	29	...	...	...	...	...	...	10'74	...	...	...	...
Cherat	25	...	...	...	...	280'0	...	...	...	...	40'0	320'0	160'0	...	...	...	...	40'0	...	1,120'0	40'0	...	...	...
Fort Lockhart	333	...	...	...	...	294'3	15'0	...	...	...	21'0	48'0	33'0	...	...	...	3'0	54'1	3'0	1,018'0	36'0	...	3'0	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3'00	...	...	...	...
Hangu	301	...	...	...	...	581'4	13'3	...	...	3'3	23'3	26'6	13'3	6'6	...	...	...	36'5	3'3	1,146'2	36'5	...	...	3'3
		...	...	...	...	...	...	...	...	...	3'32	...	...	...	...	...	...	3'32	...	9'97	...	...	...	...
Mir Ali Khel	83	...	...	...	...	1,277'1	24'1	...	...	...	...	60'2	144'6	156'5	...	...	12'0	72'3	...	2,084'3	36'1	...	...	...
		...	...	...	...	12'05	24'10	...	...	...	...	...	...	...	...	...	...	...	...	36'14	...	...	...	...
Fort Sandeman	437	...	...	...	...	63'8'4	13'7	...	6'9	2'3	59'5	70'9	100'7	25'2	...	2'3	11'4	54'9	9'2	1,274'6	38'9	6'9	...	2'3
		...	...	...	...	2'29	...	...	...	...	18'31	...	4'58	...	...	...	...	2'29	...	36'61	...	...	...	...
Hindu Bagh	30	...	...	...	...	600'0	...	...	...	...	...	...	233'3	...	...	...	...	...	33'3	966'7	33'3	33'3	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Musa Khel	32	...	...	...	...	812'5	...	...	...	...	...	31'3	156'3	31'3	...	...	...	...	...	1,156'3	31'3	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Kila Saifulla	33	...	...	...	...	3 9	...	...	...	...	...	30'3	...	30'3	...	...	...	...	30'3	575'8	30'3	...	...	30'3
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Murgha	48	...	...	...	...	312'5	...	...	...	...	62'5	...	41'7	...	...	...	...	20'8	...	552'5	20'8	...	...	...
		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	41'67	...	...	...	...



# NATIVE TROOPS, 1907.

## TABLE XXVIII—continued.

RATIOS of STATIONS, GROUPS, and ARMIES.

For actuals see Table XXIX.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.															2. DEATH RATE.							
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.
Loralai . . .	786 {	29'3	...	...	1'3	120'9	5'1	...	...	...	19'1	21'6	34'4	1'3	...	...	2'5	29'3	3'8	525'4 } 16'54 }	22'9	1'3	...	2'5
Gumbaz . . .	24 {	...	...	...	...	250'0	41'7	...	...	...	...	...	...	...	...	...	...	...	...	458'3 } ...	41'7	...	...	...
Quetta . . .	3,984 {	66'5	...	1'3	8	115'7	1'0	11'0	1'8	5	18'8	22'1	62'2	7'3	...	...	8'8	14'8	9'5	556'2 } 4'02 }	23'8	2'5	2'0	5'0
Peshin . . .	31 {	...	...	...	...	290'3	...	...	...	...	...	...	32'3	...	...	...	...	...	...	419'4 } ...	8'1	...	...	...
Shelabagh . .	47 {	...	...	...	...	553'2	...	...	...	...	...	191'5	42'6	63'8	...	...	...	...	...	1,510'6 } ...	42'6	...	...	...
Spinwana . . .	26 {	...	...	...	...	346'2	...	...	...	...	...	76'9	...	...	...	...	...	...	...	692'3 } ...	38'5	...	...	...
Chaman . . .	694 {	...	...	...	4'3	66'3	...	66'3	2'9	2'9	7'2	11'5	40'3	1'4	...	...	...	5'8	2'9	340'1 } 4'32 }	13'0	1'4	...	1'4
Mount Abu . .	80 {	...	...	...	...	325'0	...	...	...	...	...	...	12'5	12'5	...	...	...	...	...	537'5 } 12'50 }	12'5	...	...	...
Ootacamund . .	693 {	...	...	...	...	26'0	...	2'9	...	...	11'5	37'5	10'1	...	...	...	...	2'9	8'7	291'5 } 8'60 }	13'0	...	...	8'7
Camp Lovedale .	357 {	...	...	...	...	16'8	5'6	8'4	...	...	8'4	25'2	14'0	2'8	...	...	2'8	...	22'4	266'1 } 5'60 }	11'2	...	11'2	11'2
Camp Yellenhalli	66 {	...	...	...	...	...	...	...	...	...	...	15'2	...	...	...	...	15'2	15'2	15'2	197'0 } 15'15 }	15'2	...	...	15'2
GROUP XII.— HILL STA- TIONS.	22,710 {	14'3	...	4	1'7	217'8	5'9	14'6	1'1	2'3	16'8	29'4	37'2	6'3	0	4	2'3	14'8	13'0	634'2 } 8'37 }	25'1	4'4	2'5	5'9
Agra Concentration	1,182 {	...	...	...	...	71'9	1'7	7'6	...	4'2	11'0	17'8	11'8	5'1	...	8	8	2'5	16'1	291'9 } 85 }	2'5	8	6'8	8'5
Marching India .	9,030 {	1'1	...	...	...	125'1	3'1	4'7	6	6	12'6	15'8	35'4	6'9	...	2	7'2	3'3	4'1	335'0 } 3'99 }	7'5	1'0	1'0	2'1
EXTRA INDIA.																								
(a) In the Indian Command.																								
Chabbar . . .	53 {	...	...	...	...	415'1	...	...	...	...	...	...	37'7	...	...	...	...	...	...	660'4 } ...	18'9	...	...	...
Jask . . .	52 {	...	...	...	...	326'9	...	...	...	...	...	38'5	230'8	...	...	...	19'2	...	...	750'0 } ...	19'2	...	...	...
Muscat . . .	22 {	...	...	...	...	45'5	...	...	...	...	...	...	...	...	...	...	...	...	...	90'9 } ...	3'8	...	...	...
Bushire . . .	64 {	...	...	...	...	...	...	...	15'6	...	...	15'6	15'6	...	...	...	...	...	...	62'5 } ...	2'6	...	...	...
Baghdad . . .	36 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden . . .	926 {	...	...	...	...	425'5	2'2	...	2'2	8'6	6'5	47'5	122'0	35'6	...	...	15'1	36'7	27'0	984'9 } 10'80 }	35'7	11'9	1'1	14'0



STATIONS AND ARMIES.	Average annual strength.	1. ADMISSION RATE.														2. DEATH RATE.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK RATE.	Syphilis.	Soft Chancre.	Gonorrhœa.	
Dthalla . . .	112 {	..	..	..	..	732'1	..	..	..	..	8'9	26'8	8'9	..	..	..	35'7	26'8	44'6	1,053'6	26'8	8'9	..	35'7	
Suleik . . .	56 {	..	..	..	..	446'4	..	..	..	..	..	35'7	35'7	..	..	..	..	17'9	17'9	875'0	17'9	..	..	17'9	
Nobat Dakin . .	56 {	..	..	..	..	232'1	..	..	..	..	..	..	89'3	71'4	..	..	..	..	17'9	517'9	17'9	17'9	..	..	
Khormaksar . .	69 {	..	..	..	..	507'2	..	..	..	..	..	72'5	72'5	87'0	..	..	14'5	..	14'5	1,376'8	29'0	..	14'5	..	
Sheikh Othman .	26 {	..	..	..	..	76'9	..	..	..	..	..	..	76'9	..	..	..	..	..	..	153'8	..	..	..	..	
Perim . . .	37 {	..	..	..	..	..	..	..	..	..	..	27'0	135'1 27'03	..	..	..	..	108'1	..	351'4 27'03	27'0	..	..	..	
(b) Not in the Indian Command:—																									
Colombo . . .	749 {	..	..	..	..	24'0	..	..	4'0 2'67	5'3 1'34	2'7	22'7	22'7	..	..	1'3	..	5'3	45'4	229'6 4'01	13'4	9'3	5'3	30'7	
Singapore . . .	734 {	..	..	..	..	95'4	..	47'7	..	1'4 1'36	..	8'2	95'4 1'36	25'9	..	..	..	183'9 1'36	12'3	671'7 4'09	35'4	4'1	6'8	1'4	
Tientsin . . .	571 {	..	..	..	..	1'8	1'8	7'0	..	14'0	7'0	14'0	..	..	..	..	..	1'8	12'3	171'6 1'75	8'8	7'0	3'5	1'8	
Lutai . . .	242 {	..	..	..	..	..	..	..	..	4'1 4'13	16'5 4'13	4'1	4'1	..	..	..	..	..	4'1	132'2 3'26	8'3	..	4'1	..	
Shan-hai Kwan.	451 {	68'7 2'22	..	..	..	8'8	..	..	..	71'0 2'22	..	44'3	35'5	4'4	..	..	6'7	24'4	11'1	518'8 6'65	31'0	2'2	..	8'9	
Tongshan . . .	289 {	13'8	..	3'5	..	48'4	6'9	3'5	..	3'5	6'9	17'3	24'2	3'5	..	..	..	6'9	17'3	356'4	20'8	..	6'9	10'4	
Hong Kong } South China.	1,497 {	1'3	..	..	7	573'8	22'7	18'0	..	3'3	3'3	112'9	62'8	54'8	..	1'3	4'0	56'8	28'7	1,314'0 8'02	47'4	3'3	9'4	16'0	
ARMY OF INDIA.		* 126,392 {	6'5 '02	3 '19	4 '04	1'4 '35	220'5 '40	4'5 '26	16'6 '02	9 '18	2'5 '33	12'4 1'99	26'5 '20	33'5 '20	6'8 '02	1 '06	5 '02	2'3 '13	13'8 '09	14'7 '02	628'9 6'27	21'7	4'9 '01	4'0 '01	5'8
INDIA . . .		† 121,859 {	6'4 '01	3 '20	4 '04	1'5 '36	220'7 '41	4'3 '26	16'6 '02	1'0 '19	2'2 '31	12'7 2'06	25'6 '21	33'1 '19	6'2 '02	1 '07	5 '02	2'3 '13	12'4 '07	14'4 '02	625'8 6'31	21'5	4'9 '01	3'9 '01	5'6
NORTHERN ARMY		61,163 {	5'6 ..	1 '08	3 '03	1'8 '39	287'9 '56	6'0 '38	12'9 '02	7 '18	2'7 '38	15'4 2'62	28'9 '23	31'3 '20	5'3	1 '05	5 '03	1'0 ..	14'4 '05	12'8 '02	712'0 7'28	24'1	4'5	3'2 '02	5'1
SOUTHERN „		50,484 {	8'5 '02	5 '38	5 '06	1'4 '40	159'8 '30	2'6 '16	23'5 '02	1'4 '24	1'9 '30	9'5 1'64	23'6 '22	35'3 '18	7'2	1 '10	5 ..	3'0 '08	11'8 '10	18'3 '02	583'7 5'68	21'2	6'3 '02	5'2	6'7

\* See foot-note at the end of Table XXIX.

† „ „ „ „



# NATIVE TROOPS, 1907.

## TABLE XXIX.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Port Blair . . .	252 {	...	...	...	...	130	4	6	...	...	...	12	3	...	...	1	...	5	1	213	8	1	...	...	1	...
Rangoon . . .	1,045 {	...	...	...	...	70	11	69	1	3	1	26	27	7	...	1	...	18	6	517	20	2	4	...	...	2
GROUP I.—BURMA COAST AND BAY ISLANDS.	1,297 {	...	...	...	...	200	15	75	1	3	1	38	30	7	...	1	...	23	7	730	28	3	4	...	...	1
Meiktila . . .	664 {	...	...	...	...	...	...	51	...	...	2	17	8	2	...	...	...	6	4	192	9	...	2	2	1	...
Fort Dufferin . .	1,401 {	...	...	1	...	133	3	109	...	2	9	46	20	2	1	1	1	7	24	847	34	3	8	13	1	...
Bhamo . . .	742 {	...	...	...	...	319	3	...	...	3	2	14	31	5	...	...	...	9	18	726	31	11	...	7	1	1
GROUP II.—BURMA INLAND . . .	2,807 {	...	...	1	...	452	6	160	...	5	13	77	59	9	1	1	1	22	46	1,765	74	14	10	22	3	1
Manipur . . .	581 {	...	...	2	...	273	...	...	1	1	2	42	20	23	...	...	2	7	38	723	21	23	5	10	2	2
Sadiya . . .	61 {	...	...	...	...	12	...	...	...	...	...	1	...	...	...	...	...	...	...	22	1	...	...	...	1	...
Dibrugarh . . .	322 {	...	...	1	...	108	21	2	...	...	...	30	4	1	...	...	...	4	6	276	7	3	1	2	...	...
GROUP III.—ASSAM .	964 {	...	...	1	2	393	21	2	1	1	2	73	24	24	...	...	2	11	44	1,021	29	26	6	12	3	2
Fort William . .	552 {	...	...	1	...	138	...	3	...	...	3	20	16	1	...	1	...	7	26	365	17	4	11	11	...	...
Alipore . . .	607 {	...	...	...	...	382	2	1	1	...	5	19	18	1	...	1	4	18	15	691	25	2	7	6	10	2
Barrackpore . .	727 {	3	...	...	...	334	1	3	...	...	6	23	75	12	...	2	4	8	5	698	21	1	2	2	7	...
Buxa . . .	136 {	...	...	...	...	14	1	3	...	1	1	12	2	...	...	...	...	11	...	80	3	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA.	2,022 {	3	...	1	...	868	4	10	1	1	15	74	111	14	...	4	8	44	46	1,834	66	7	20	19	17	2

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
<b>B</b>																										
Dinapore . . .	697 {	...	...	...	...	25	4	36	...	1	3	6	12	3	...	...	...	3	10	183	8	3	5	2	2	1
Benares . . .	635 {	...	...	1	...	24	...	12	...	...	3	15	16	...	...	...	...	12	6	207	8	...	3	3	2	...
Allahabad . . .	1,106 {	...	...	...	...	184	...	5	2	...	3	17	66	7	...	1	2	28	13	829	26	2	5	6	1	10
Fyzabad . . .	1,024 {	...	...	...	...	143	1	1	...	2	15	14	37	2	...	...	1	4	12	442	16	6	2	4	...	...
Lucknow . . .	1,588 {	...	...	1	...	118	15	29	...	6	17	33	37	3	...	...	1	4	12	603	22	4	6	2	...	...
Cawnpore . . .	940 {	1	...	...	...	89	...	2	2	6	9	15	27	3	...	1	...	13	12	395	17	4	3	5	8	...
<b>GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.</b>	5,990 {	1	...	2	...	583	20	85	4	15	50	100	195	18	...	2	4	64	65	2,659	97	19	24	22	13	11
<b>A</b>																										
Bareilly . . .	1,131 {	...	...	1	...	60	...	...	...	1	3	13	24	3	1	...	...	18	15	306	12	3	5	7	11	2
Rurki . . .	736 {	...	...	...	...	10	3	46	2	...	6	10	4	2	...	...	1	11	1	233	9	...	1	...	...	...
Dehra Dun . . .	2,491 {	...	...	30	1,730	9	240	1	23	37	46	45	5	...	3	2	29	101	2,923	101	34	37	30	...	...	
Meerut . . .	1,462 {	...	...	2	...	83	3	6	...	1	24	19	37	1	...	1	1	14	37	565	23	15	8	14	7	4
Delhi . . .	1,103 {	3	...	1	...	579	1	...	...	...	25	27	32	14	...	...	...	26	9	985	23	5	1	3	1	...
Ambala . . .	1,770 {	...	1	...	...	87	8	14	...	7	8	50	32	2	...	3	...	18	20	602	28	9	3	8	2	...
<b>B</b>																										
Jullundur . . .	1,753 {	4	...	3	...	266	38	2	1	4	17	47	24	...	1	...	4	25	10	864	36	2	...	8	2	1
Ferozepore . . .	1,273 {	92	...	3	...	211	...	12	3	2	9	15	17	1	...	6	...	8	14	788	26	4	7	3	3	...
Lahore Cantonment . . .	1,763 {	3	2	4	2	89	12	39	...	8	26	42	45	1	...	...	2	12	16	723	27	8	4	4	2	...
Amritsar . . .	142 {	...	...	...	...	27	...	...	...	1	3	5	3	1	...	...	...	1	3	82	3	2	...	1	...	...
Sialkot . . .	1,743 {	...	...	1	1	371	11	...	...	2	20	43	42	11	...	...	...	36	25	1,219	34	13	3	9	7	2
Jhelum . . .	3,214 {	...	1	3	5	547	10	11	...	4	35	42	32	5	1	2	5	27	12	1,536	55	6	2	4	11	1
Rawalpindi . . .	2,222 {	...	...	2	5	482	5	44	...	3	26	56	56	5	...	1	...	51	38	1,274	49	20	9	9	8	4
Attock . . .	101 {	...	...	1	...	29	1	1	...	2	3	7	...	...	...	...	1	1	...	72	3	...	...	...	...	...
<b>GROUP VI.—UPPER SUB-HIMALAYA.</b>	20,904 {	102	4	11	54	4,571	101	415	7	58	242	422	393	51	3	16	16	277	301	12,172	429	121	80	100	54	14
<b>A</b>																										
Mardan . . .	891 {	7	...	...	...	370	...	1	1	3	26	39	15	3	...	...	...	10	11	677	21	1	...	10	1	...
Nowshera . . .	3,214 {	45	...	...	1	598	76	14	3	8	56	68	110	10	...	1	5	57	11	2,071	79	4	1	6	11	2



# NATIVE TROOPS, 1907.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Peshawar . . . .	2,501 {	48	...	...	3	1,246	10	3	...	3	55	201	147	34	...	1	6	56	28	2,826	78	7	6	15	13	...
Fort Jamrud . . . .	109 {	...	...	...	1	50	2	...	...	...	4	6	12	...	...	...	...	1	1	121	3	...	...	1	1	...
Kohat . . . . .	2,861 {	41	3	3	...	1,471	7	...	...	11	86	74	113	8	...	1	5	75	22	2,975	99	5	7	10	...	1
Thal . . . . .	127 {	...	...	...	...	86	...	...	...	...	2	10	6	1	...	...	...	4	1	200	5	...	...	1	...	...
Edwardesabad . . . .	2,053 {	51	...	...	10	1,423	4	7	5	12	53	83	144	20	...	...	2	30	25	2,875	68	9	6	10	6	...
Dera Ismail Khan . . . .	2,342 {	...	...	1	5	1,719	13	11	2	1	61	101	115	39	1	...	6	43	10	3,193	78	3	...	7	9	...
Jatta . . . . .	58 {	...	...	...	...	41	1	...	...	...	1	2	5	3	...	...	...	...	...	63	1	...	...	...	...	...
Drazinda . . . . .	58 {	...	...	...	...	8	2	3	...	...	3	9	5	...	...	...	...	...	...	123	2	...	...	...	...	...
Fort Zam . . . . .	54 {	...	...	...	...	15	1	...	...	...	...	43	7	1	...	...	...	1	...	40	1	...	...	...	...	...
Multan . . . . .	1,855 {	8	...	...	3	282	5	3	3	8	37	37	53	6	...	...	...	15	7	79	29	1	3	3	6	...
Bikanir . . . . .	7 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	1	...	...	...
B.																										
Jandola . . . . .	185 {	...	...	...	...	110	8	...	...	...	3	11	17	12	...	1	...	1	1	226	4	4	...	...	...	...

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Sibi . . . . .	66 {	...	...	...	...	43	...	...	...	...	1	1	1	...	...	...	...	...	...	61	1	...	...	...	...	...
<b>C</b>																										
Jacobabad . . . . .	422 {	...	...	...	...	174	9	1	...	3	12	9	21	5	1	...	1	4	2	420	5	14	...	...	2	...
Hyderabad . . . . .	619 {	...	...	...	...	62	...	...	...	3	6	2	17	7	...	...	1	4	9	179	2	10	2	6	1	4
Karachi . . . . .	602 {	32	...	1	...	37	...	...	4	2	7	26	18	4	...	...	3	4	7	291	9	14	3	2	2	5
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA.	18,024 {	232	3	2	26	7,809	139	40	18	55	414	683	809	153	2	4	29	305	136	17,142	507	36	32	68	63	25
		...	3	1	6	9	4	...	3	4	76	7	3	...	...	1	...	1	...	158	...	...	...	...	...	...
<b>A</b>																										
Bhuj . . . . .	230 {	...	...	...	...	88	3	5	...	1	...	4	7	...	...	...	6	4	5	184	2	5	...	...	...	...
Rajkot . . . . .	691 {	...	...	2	...	98	13	6	2	2	1	21	14	3	...	3	7	2	14	368	2	18	6	6	...	9
Deesa . . . . .	655 {	...	...	1	...	212	...	...	...	...	23	20	10	4	...	...	1	18	10	542	13	20	2	3	5	10
Ahmedabad . . . . .	464 {	...	...	...	...	186	...	45	...	1	5	7	8	7	...	1	...	12	2	452	2	13	2	...	...	...
Baroda . . . . .	623 {	...	...	1	...	403	2	1	4	1	9	18	25	12	...	1	17	8	16	693	2	18	11	3	2	5
<b>B</b>																										
Alirajpore . . . . .	21 {	...	...	...	...	1	...	...	...	...	2	...	...	2	...	...	...	...	3	9	1	1	3	...	...	...
Sirdarpore . . . . .	94 {	...	...	...	...	2	1	19	...	...	2	2	...	4	...	2	...	...	...	66	3	3	...	...	...	2
Jhabwa . . . . .	25 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
Kherwara . . . . .	356 {	...	...	...	...	22	...	...	...	6	3	7	1	1	...	...	...	3	1	197	1	10	1	...	...	45
Kotra . . . . .	150 {	...	...	...	...	21	3	...	...	...	2	6	...	...	...	...	...	...	3	84	1	3	2	...	1	6
Udaipur . . . . .	41 {	...	...	...	...	1	...	...	...	1	...	...	...	1	...	...	1	...	...	6	...	...	...	...	...	1
Todgarh . . . . .	32 {	...	...	...	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	3	1	1	...	...	...	...
Erinpura . . . . .	569 {	1	...	...	...	86	...	1	...	1	5	24	10	3	...	...	...	...	5	372	2	13	1	3	1	8
Neemuch . . . . .	372 {	...	...	...	...	39	...	...	2	1	11	3	11	1	...	...	...	2	3	172	4	5	1	...	2	9
Deoli . . . . .	605 {	...	1	...	...	49	1	13	...	...	9	...	10	1	...	...	1	3	11	241	2	7	2	1	8	10
Beawar . . . . .	46 {	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	1	...	...
Nasirabad . . . . .	674 {	...	...	1	...	138	...	...	1	...	3	17	13	1	...	...	...	7	6	333	3	14	...	2	4	2
Ajmir . . . . .	516 {	...	...	...	...	90	1	...	...	6	13	2	3	1	...	...	1	2	7	253	1	8	3	2	2	...



# NATIVE TROOPS, 1907.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Venereal Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Jaipur . . .	40 {	...	...	...	...	13	...	...	...	...	3	1	1	...	...	...	...	...	...	24	1	...	...	...	...	...
Agra . . .	708 {	...	...	...	...	136	...	3	1	...	8	9	24	4	...	...	...	...	11	265	11	5	6	...	...	...
Gwalior . . .	27 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...
Jhansi . . .	3,102 {	14	...	1	4	1,019	3	8	1	5	27	44	165	20	...	...	...	54	66	2,582	63	22	28	16	16	5
Nowgong . . .	125 {	...	...	...	...	6	...	...	...	...	...	1	2	...	...	...	...	...	9	27	2	6	...	3	...	2
Goona . . .	329 {	1	...	...	...	5	...	...	1	...	4	10	2	...	...	...	...	3	...	79	4	...	...	...	...	4
Agar . . .	384 {	32	...	...	1	29	2	...	1	...	7	5	11	...	...	...	...	2	1	164	6	...	...	1	...	...
Sehore . . .	715 {	...	...	2	...	204	...	...	...	1	1	2	11	7	...	...	...	2	2	449	14	1	...	1	...	...
Indore . . .	203 {	...	...	...	...	11	1	...	...	...	1	7	4	1	...	...	...	2	1	109	4	1	...	...	9	...
Mhow . . .	1,297 {	...	...	1	2	454	...	5	1	5	4	17	7	10	...	3	8	12	...	905	30	6	...	6	24	7
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	13,094 {	48	1	4	12	3,314	34	104	13	31	143	231	341	83	...	7	37	132	189	8,585	274	80	54	55	156	23
A																										
Saugor . . .	1,222 {	16	...	4	1	230	...	75	2	2	14	36	18	2	...	...	3	13	16	812	26	6	...	10	6	...
Sutna . . .	41 {	...	...	...	...	4	...	...	...	...	1	1	3	...	...	...	...	...	1	19	1	1	...	...	2	...
Jubbulpore . . .	1,891 {	12	...	2	1	258	3	76	5	3	18	35	167	17	...	1	...	31	14	1,295	45	4	2	8	3	6
Kampti . . .	507 {	...	16	1	1	35	...	3	...	1	8	12	4	...	...	4	2	2	12	237	13	6	2	4	2	10
Sirabaldi . . .	100 {	...	...	2	...	45	...	...	...	...	...	1	1	2	...	...	...	...	1	68	1	1	...	...	...	...
B																										
Aurangabad . . .	1,455 {	3	...	1	4	137	10	20	1	...	13	12	24	3	...	...	...	12	27	648	25	9	9	9	6	...
Ahmednagar . . .	812 {	...	...	1	...	9	...	21	2	2	13	27	15	3	...	...	...	...	39	375	15	12	14	13	8	...
Bolarum . . .	1,753 {	6	...	7	...	31	1	113	5	3	6	25	62	...	...	5	...	16	23	719	31	7	3	13	2	16
Semunderabad . . .	3,091 {	9	1	10	...	183	1	88	6	1	14	39	81	18	1	2	6	17	34	1,052	50	7	13	14	3	1

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Belgaum . . .	1,550 {	5	...	...	4	161	2	6	...	...	5	31	90	2	...	...	...	3	84	885	31	24	37	23	28	...
Satara . . .	90 {	...	...	...	...	2	...	...	...	...	...	...	1	...	...	...	...	...	...	9	...	...	...	...	2	...
Poona . . .	2,209 {	1	2	...	8	50	...	101	5	...	10	52	53	10	1	2	...	19	92	967	43	30	24	38	25	17
Kirkee . . .	1,688 {	8	1	...	4	143	2	126	...	1	7	132	16	13	...	...	1	19	41	1,031	26	13	12	16	7	15
Sirur . . .	385 {	...	...	...	...	23	...	...	...	...	1	4	14	2	...	...	...	1	6	142	6	2	...	4	4	6
GROUP IX.—DECCAN	16,794 {	60	20	11	40	1,311	19	629	26	13	110	407	549	72	2	14	12	133	390	8,259	313	122	116	152	98	71
Bombay . . .	586 {	...	...	...	1	232	...	...	1	3	11	23	51	35	...	...	3	25	13	623	19	2	8	3	4	7
Santa Cruz . . .	600 {	...	...	...	2	170	1	...	...	8	6	52	66	19	...	...	22	5	18	789	26	2	13	3	9	...
Cannanore . . .	405 {	...	...	...	...	8	...	4	1	2	...	3	2	...	1	...	...	2	10	109	5	2	3	5	...	...
Trivandrum . . .	61 {	...	...	...	1	2	...	...	...	...	1	...	2	...	...	...	...	...	...	15	1	...	...	...	...	...
GROUP X.—WEST-ERN COAST.	1,652 {	...	...	...	4	412	1	4	2	13	18	78	121	54	1	...	25	32	41	1,536	51	6	24	11	13	7
A																										
Bellary . . .	482 {	...	...	5	1	58	2	16	2	1	...	7	12	2	...	...	...	...	29	265	10	23	...	6	1	...
Bangalore . . .	2,213 {	1	2	1	2	160	1	76	5	...	19	35	39	10	...	1	5	37	62	1,020	37	17	27	18	14	2
B																										
Trichinopoly . . .	505 {	1	...	...	...	...	...	7	...	1	1	3	4	...	...	...	...	6	3	89	3	...	2	1	...	...
St. Thomas' Mount . . .	487 {	...	4	...	1	1	...	8	2	3	4	3	5	1	1	...	...	6	7	113	5	4	1	2	...	3
Madras . . .	194 {	...	...	...	...	5	1	6	...	...	3	4	11	3	...	...	...	3	10	123	7	1	2	7	...	...
GROUP XI.—SOUTH-ERN INDIA.	3,880 {	2	6	6	4	224	4	113	9	5	27	52	71	16	1	1	5	52	111	1,610	62	45	32	34	15	5
Maymyo . . .	992 {	...	...	...	2	225	25	4	...	4	8	22	37	5	...	1	...	26	33	819	03	18	9	6	2	1
Kohima . . .	172 {	...	...	...	...	29	1	...	...	...	...	5	5	2	...	...	...	11	5	93	5	4	...	1	...	...
Shillong . . .	736 {	...	...	...	3	219	2	...	...	...	6	10	16	5	1	...	...	3	21	573	18	9	1	11	...	...
Gangtok . . .	95 {	...	...	...	...	14	1	12	...	...	...	4	6	2	...	...	...	...	...	65	2	...	...	...	...	...
Chumbi (including Pharijong) (Tibet).	243 {	...	...	...	...	6	...	3	...	...	...	2	7	...	...	...	1	5	11	59	3	5	...	6	...	...
Gyantse . . .	80 {	...	...	...	...	1	...	...	7	...	...	1	1	...	...	...	...	2	3	23	1	...	...	3	...	...
Almora . . .	581 {	...	...	2	3	80	...	6	1	3	9	7	15	4	...	...	...	11	51	483	14	14	18	19	...	1



TABLE XXIX—*continued.*

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.														
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Naini Tal . . .	131 {	...	...	2	29	1	...	...	1	1	3	3	...	...	...	...	...	...	...	62 2	3	...	...	...	...	1
Lansdowne . . .	2,315 {	...	...	1	217	14	2	1	6	24	38	64	9	...	1	...	...	11	31	876 15	44	17	2	12	...	...
Simla . . .	131 {	...	...	...	2	...	...	...	...	2	...	...	...	...	...	...	1	...	...	28	1	...	...	...	...	...
Jutogh . . .	169 {	...	...	...	5	...	...	...	...	1	1	...	6	...	...	...	...	2	3	44	2	2	...	1	...	...
Dharmasala . . .	1,379 {	...	2	4	102	4	...	...	8	15	14	29	6	...	1	...	...	10	10	488 11	22	6	2	2	...	...
Bakloh . . .	1,449 {	32	...	...	207	44	...	1	4	6	5	10	2	...	...	...	1	5	10	587 5	23	5	3	2	...	...
Murri . . .	25 {	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	...	6 1	1	...	...	...	...	...
Khairagali . . .	64 {	...	...	...	2	...	...	...	...	...	...	...	3	...	...	...	...	...	...	13	1	...	...	...	...	...
Bara al . . .	69 {	...	...	...	3	...	...	...	...	...	4	5	...	...	...	...	...	...	2	32	1	...	2	...	...	...
Kalabagh . . .	65 {	...	...	...	6	...	1	...	...	...	4	...	...	...	...	...	...	...	...	32	1	...	...	...	...	...
Chitral . . .	206 {	...	...	...	25	2	20	...	1	3	6	5	...	...	...	...	...	2	1	118 1	4	1	...	...	...	...
Kila Drosh . . .	675 {	5	...	...	91	1	126	...	...	15	34	14	1	...	2	...	...	3	3	489 10	17	...	...	3	...	...
Malakand . . .	771 {	...	...	...	305	2	4	1	1	41	43	94	6	...	...	1	33	3	810 23	28	1	...	2	...	7	
Dargai . . .	406 {	...	...	3	95	1	3	...	...	9	9	10	2	...	...	1	7	1	239 1	7	...	...	1	...	...	
Chakdara . . .	400 {	...	...	...	166	...	8	...	...	3	8	13	1	...	...	1	5	2	298 3	7	...	...	2	3	...	
Abbotabad . . .	3,446 {	...	...	13	1,678	8	55	3	18	87	217	102	25	...	2	...	49	39	3,280 37	146	3	9	27	3	2	
Cherat . . .	25 {	...	...	...	7	...	...	...	...	1	8	4	...	...	...	...	1	...	...	28	1	...	...	...	...	...
Fort Lockhart . . .	333 {	...	...	...	98	5	...	...	...	7	16	11	...	...	...	1	18	1	339 1	12	...	1	...	...	...	
Hangu . . .	301 {	...	...	...	175	4	...	...	1	7	8	4	2	...	...	...	11	1	345 3	11	...	...	1	...	...	

STATIONS AND GROUPS.	Average annual strength.	1. ADMISSIONS.															2. DEATHS.									
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.
Mir Ali Khel . . .	{	...	...	...	...	106 1	2 2	...	...	...	...	5 ...	12 ...	13 ...	...	...	1 ...	6 ...	...	173 3	} 3	...	...	...	...	...
Fort Sandeman . .	437 {	...	...	...	...	279 1	6 ...	...	3	1	26 8	31 ...	44 2	11 ...	...	1 ...	5 ...	24 1	4 ...	557 16	} 17	3 ...	...	1 ...	3 ...	1 ...
Hindu Bagh . . .	30 {	...	...	...	...	18 ...	...	...	...	...	...	...	7 ...	...	...	...	...	...	1 ...	29 ...	} 1	1 ...	...	...	...	...
Musa Khel . . .	32 {	...	...	...	...	26 ...	...	...	...	...	...	1 ...	5 ...	1 ...	...	...	...	...	...	37 ...	} 1	...	...	...	...	...
Kila Saifulla . . .	33 {	...	...	...	...	13 ...	...	...	...	...	...	1 ...	...	1 ...	...	...	...	1 ...	...	19 ...	} 1	...	...	1 ...	...	...
Murgha . . .	48 {	...	...	...	...	15 ...	...	...	...	...	3 ...	...	2 ...	...	...	...	...	1 ...	...	27 2	} 1	...	...	...	...	...
Loralai . . .	786 {	23 ...	...	1 1	...	95 ...	4 1	...	...	...	15 8	17 ...	27 ...	1 ...	...	...	2 ...	23 ...	3 ...	413 13	} 18	1 ...	...	2 ...	2 ...	...
Gumbaz . . .	24 {	...	...	...	...	6 ...	1 ...	...	...	...	...	...	...	...	...	...	...	...	...	11 ...	} 1	...	...	...	...	...
Quetta . . .	3,984 {	265 ...	...	5 2	3 1	461 ...	4 ...	44 ...	7	2	75 7	88 ...	248 1	29 ...	...	...	35 2	59 ...	38 ...	2,216 16	} 95	10 ...	8 ...	20 ...	14 ...	2 ...
Pishin . . .	31 {	...	...	...	...	9 ...	...	...	...	...	...	...	1 ...	...	...	...	...	...	...	13 ...	} ...	...	...	...	...	...
Shelabagh . . .	47 {	...	...	...	...	26 ...	...	...	...	...	...	9 ...	2 ...	3 ...	...	...	...	...	...	71 ...	} 2	...	...	...	...	...
Spinwana . . .	26 {	...	...	...	...	9 ...	...	...	...	...	...	2 ...	...	...	...	...	...	...	...	18 ...	} 1	...	...	...	...	...
Chaman . . .	694 {	...	...	...	3	46 ...	...	46 ...	2	2	5 1	8 ...	28 1	1 ...	...	...	...	4 ...	2 ...	236 3	} 9	1 ...	...	1 ...	4 ...	...
Mount Abu . . .	80 {	...	...	...	...	26 1	...	...	...	...	...	...	1 ...	1 ...	...	...	...	...	...	43 1	} 1	...	...	...	...	...
Ootacamund . . .	693 {	...	...	...	...	18 ...	...	2 ...	...	...	8 3	26 1	7 ...	...	...	...	...	2 ...	6 ...	202 6	} 9	...	...	6 ...	1 ...	3 ...
Camp Lovedale . .	357 {	...	...	...	...	6 ...	2 ...	3 ...	...	...	3 2	9 ...	5 ...	1 ...	...	...	1 ...	...	8 ...	95 2	} 4	...	4 ...	4 ...	...	1 ...
„ Yellenhalli . .	66 {	...	...	...	...	...	...	...	...	...	...	1 ...	...	...	...	...	1 ...	1 ...	1 ...	13 1	} 1	...	...	1 ...	...	1 ...
GROUP XII.—HILL STATIONS.	22,710 {	325 ...	...	9 2	38 11	4,947 18	134 14	339 ...	26 4	52 13	381 68	667 6	844 7	143 1	1 1	8 ...	52 2	336 3	205 ...	4,402 190	} 570	101 ...	59 ...	135 ...	32 ...	20 ...
Agra Concentration .	1,182 {	...	...	...	...	85 ...	2 ...	9 ...	...	5	13 1	21 ...	14 ...	6 ...	...	1 ...	1 ...	3 ...	19 ...	345 1	} 3	1 ...	8 ...	10 ...	...	...
Marching, India . .	9,030 {	10 ...	...	...	...	1,130 1	28 1	42 ...	5	5	114 7	143 ...	320 2	62 1	...	2 1	65 12	30 1	37 ...	3,025 36	} 68	9 ...	9 ...	19 ...	1 ...	8 ...
EXTRA INDIA. (a) In the Indian Com- mand :—																										
Chabbar . . .	53 {	...	...	...	...	22 ...	...	...	...	...	...	...	2 ...	...	...	...	...	...	...	35 ...	} 1	...	...	...	1 ...	...
Jask . . .	52 {	...	...	...	...	17 ...	...	...	...	...	...	2 ...	12 ...	...	...	...	1 ...	...	...	39 ...	} 1	...	...	...	...	...



# NATIVE TROOPS, 1907.

## TABLE XXIX—continued.

ACTUALS of STATIONS, GROUPS, and ARMIES, on which the ratios in Tables XXVI—XXVIII have been calculated.

STATIONS AND ARMIES.	Average annual strength.	1. ADMISSIONS.															2. DEATHS.													
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Circulatory Diseases.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Hepatic Congestion and Inflammation.	Scurvy.	Anæmia and Debility.	Veneral Diseases.	ALL CAUSES.	CONSTANTLY SICK.	Syphilis.	Soft Chancre.	Gonorrhœa.	Dracunculus Medicinensis.	Other Entozoa.				
Muscat . . . . .	22	1																		2										
Bushire . . . . .	64																			4										
Baghdad . . . . .	36																													
Aden . . . . .	926					394	2		2	8	6	44	113	33			14	34	25	912	34	11	1	13	2	9				
Dthalla . . . . .	112					82											4	3	5	118	3			4						
Suleik . . . . .	56					25														49	1			1						
Nobat Dakin . . . . .	56					13														29	1									
Khormaksar . . . . .	69					35														95	2									
Sheikh Othman . . . . .	26					2														4										
Perim . . . . .	37																			13	1									
(b) Not in the Indian Command :—																														
Colombo . . . . .	749					18			3	4	2	17	17					4	34	172	10	7	4	23		7				
Singapore . . . . .	734					70		35		1		6	70	19				135	9	493	26	3	5	1						
Tien-tsin . . . . .	571					1	1	4		8	4	8						1	7	98	5	4	2	1						
Lutai . . . . .	242									1	4	1							1	32	2	2								
Shan-hai-Kwan . . . . .	451	31				13				32		20	16	2			3	11	5	234	14	1		4						
Tongshan . . . . .	289	4		1		14	2	1		1	2	5	7	1				2	5	103	6		2	3						
South China—Hong Kong.	1,497	2			1	859	34	27		5	5	169	94	82		2	6	85	43	1,967	71	5	14	24		79				
ARMY OF INDIA.		19	1	7	33	887	34	36	4	27	180	223	135	21	3	5	41	114	229	3,399	2,749					92	162	75	6	9
		820	34	48	182	27,865	567	2,094	119	322	1,567	3,350	4,234	859	11	64	286	1,744	1,864	79,484						623	508	733	472	286
		2	24	5	44	50	34	2	25	42	252	25	25	2	8	3	16	12	2	793						1	1			
						1			11		2	3			1	1				50										
INDIA.		15	1	7	31	868	34	36	4	22	178	207	125	18	3	5	41	97	224	3,274	2,615					90	61	73	6	8
		783	34	47	181	26,890	530	2,027	116	270	1,550	3,124	4,029	755	11	61	277	1,506	1,760	76,385						603	480	677	472	200
		1	24	5	44	50	32	2	23	38	251	25	23	2	8	3	16	9	2	769						1	1			
						1			11		2	3			1	1				47										
NORTHERN ARMY		61,163	343	7	20	17,607	369	792	41	165	942	1,770	1,914	324	5	32	61	879	782	43,550	1,475					275	198	309	147	43
SOUTHERN ARMY		50,484	430	27	27	8,068	131	1,184	70	95	481	1,190	1,781	363	6	26	150	594	922	29,465						318	265	339	324	149

\* Remaining + admitted = total treated.

† Excluding troops in Extra India not in the Indian Command.

Remaining + admitted + died out of hospital = total cases.  
§ As far as returns have been received.

GROUPS AND ARMIES.	1. AVERAGE STRENGTH.						2. CONSTANTLY SICK.						TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
I.—BURMA COAST AND BAY ISLANDS. {	1,550 21	1,589 26	1,283 30	1,215 31	1,205 31	1,024 29	1,101 27	1,191 29	1,204 23	1,322 25	1,402 28	1,476 30	15,562 330
II.—BURMA INLAND . {	2,500 61	2,530 52	2,407 42	2,633 60	2,650 62	2,359 84	2,650 97	2,854 99	3,020 79	3,301 87	3,402 89	3,380 75	33,686 887
III.—ASSAM . . . {	1,097 41	1,031 34	1,049 23	891 23	918 31	825 27	854 23	822 20	861 21	1,010 32	1,098 34	1,106 31	11,562 340
IV.—BENGAL AND ORISSA . {	2,744 81	2,566 87	2,170 71	1,734 36	1,667 31	1,760 36	1,592 49	1,641 63	1,633 71	2,006 83	2,348 102	2,397 86	24,258 796
V.—GANGETIC PLAIN AND CHUTIA NAGPUR. {	3,935 90	6,894 114	6,627 91	5,095 71	5,440 79	5,454 85	5,640 83	5,807 88	5,946 85	6,843 134	6,964 131	7,246 112	71,894 1,163
VI.—UPPER SUB-HIMALAYA . {	20,304 480	25,367 423	23,708 336	19,649 273	18,175 348	17,903 347	18,818 349	18,390 374	18,788 480	21,712 529	24,482 633	23,545 593	250,841 5,165
VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA. {	19,701 734	19,241 561	19,149 417	16,517 325	16,960 358	16,957 392	17,253 384	17,444 383	17,671 489	16,907 583	19,870 699	18,608 756	216,278 6,081
VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT. {	14,194 362	14,984 288	14,151 237	10,837 177	10,846 171	11,306 190	11,738 215	12,148 244	12,194 309	14,143 354	15,349 357	15,222 352	157,112 3,256
IX.—DECCAN . . . {	18,153 391	19,344 351	17,371 326	14,652 235	14,037 241	14,491 252	15,347 259	15,715 295	16,233 328	18,071 354	19,314 377	18,808 327	201,536 3,736
X.—WESTERN COAST . {	2,074 75	1,791 55	1,500 43	1,449 39	1,450 44	1,512 35	1,527 42	1,559 61	1,555 46	1,748 46	1,844 60	1,813 61	19,822 607
XI.—SOUTHERN INDIA . {	4,400 113	4,445 76	4,115 64	3,766 49	3,498 44	3,378 46	3,620 43	3,493 42	3,550 44	3,850 55	4,392 79	4,062 86	46,569 741
XII.—HILL STATIONS . {	19,049 654	22,427 592	24,244 534	24,781 451	22,863 470	22,038 493	22,919 521	23,740 578	23,878 639	22,114 660	21,730 608	22,706 567	272,489 6,767
ARMY OF INDIA {	145,233	143,679	130,919	114,921	111,727	112,152	114,657	115,520	118,290	131,319	139,313	138,898	1,516,628
	3,451	2,951	2,408	1,924	2,106	2,266	2,316	2,451	2,804	3,316	3,505	3,364	32,862
INDIA * . . . {	140,621	139,018	126,227	110,366	107,134	107,533	110,058	111,009	113,851	126,900	134,964	134,571	1,462,252
	3,316	2,830	2,288	1,820	1,984	2,126	2,179	2,338	2,690	3,189	3,310	3,184	31,254
NORTHERN ARMY . . {	58,075	68,711	67,942	59,472	56,342	55,218	57,300	57,782	59,501	61,485	66,282	65,827	733,937
	1,866	1,602	1,264	1,011	1,135	1,189	1,189	1,268	1,523	1,745	1,956	1,930	17,678
SOUTHERN ARMY . . {	53,410	55,258	51,598	45,409	44,927	45,319	47,291	48,628	48,626	52,791	56,937	55,575	605,769
	1,318	1,120	1,011	799	819	875	939	1,042	1,127	1,218	1,277	1,173	12,718

\* Excluding troops in Extra India not in the Indian Command.



## TABLE XXX.

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

The ratios of sickness and mortality will be found in Table XXVIII.

### NORTHERN ARMY.

**Ambaia.**—Considering the little fall in the ground in the station, the drainage is very good, except the main *nullah* running through the Cantonment which scours badly and requires a *pucca* bottom. Provision for expenditure on this account has been made in the budget. *Pucca* drains and new roads at a cost of ₹1,400 in the native cavalry lines were constructed during the year.

The Principal Medical Officer of the Sirhind and Jullundur Brigades states that “the main *nullah* through the station requires to be made *pucca* at the bottom; this work has apparently been budgetted for.”

**Mardan**—There is a piece of ground near the 3rd Squadron lines which is apt to become marshy and in which *anopheles* breed. Earth has been dug out to repair the canal banks with the result that water collects in the depressions. The Irrigation Department has partially rectified this by digging a drain. The extension of the main drain to the bed of the Kalpani is badly needed. The portion of *bazaar* between the 4th troop lines and wood *sarai* is insanitary. The houses are badly built and for the most part cannot be ventilated. The more glaring cases of overcrowding have been remedied.

The Cantonment Committee make the following suggestions:—It is proposed to pull down the block of buildings in the *bazaar* referred to above, and rebuild it on sanitary lines and an application has been made for a loan of ₹10,000 for the purpose. In an exceptionally dry year like the past the dust nuisance becomes very prominent, as the Cantonment is used as a highway, in several directions by traders and others who pay nothing towards abating the nuisance. Steps have been and will be taken to combat the evil. The insanitary nature of the drainage outlets to the Cantonments has repeatedly been brought to notice. The two main drains were originally built to empty themselves into the flowing stream of the Kalapani, but owing to the river having receded, these drains now end about 100 yards from the bank and all the flow of filth scourgings has to find its way by improvised methods to the natural outlet. The cost of extending the drains would be not more than ₹500 in each case, but so far funds have not been found available for this very necessary work.

The Principal Medical Officer of the 1st (Peshawar) Division remarks that this station suffers a good deal from malaria, and will continue to do so, as long as the irrigation is excessive; and that no gardens, requiring irrigation, should be allowed between the lines of barracks.

The Major-General Commanding the 1st (Peshawar) Division remarks as follows:—“Want of funds. A good many improvements have been carried out in the past four or five years. Canals are being constructed on every side and I really do not see how to prevent irrigation. I do not think myself that Mardan is over irrigated. Cantonment authorities at Army Head Quarters are continually crying out for an increase of land values; water can alone do this.”

**Peshawar.**—The supply of pipe water is insufficient. The Cantonment Committee make the following suggestions for remedying the existing defects:—(1) to brick all *kutchas* drains and canals in Cantonments so as to cause irrigation water to pass freely through Cantonments; (2) to allow no cultivation or irrigation between the Circular Road and the double story barracks; (3) to rebuild the lines of the 53rd Sikhs which are old and insanitary; (4) to allow no irrigation within 500 yards of any barrack or building.

The Principal Medical Officer of the 1st (Peshawar) Division remarks that nearly the whole question regarding the health of this Cantonment hinges on the question of the prevention of malaria. The presence of the other diseases is by no means abnormal. The incidence of malarial diseases in an acute form has always been a burning question in Peshawar. There can be no doubt that the excessive irrigation with the large net work of canals and irrigation channels, and the practical unlimited use of water which is used for flooding gardens, etc., is the direct cause of this disease in this station. A committee was ordered to assemble in 1905 (which was a particularly bad year for malaria) to investigate the origin and cause of this disease, and they made certain suggestions, the chief of which were as follows:—(1) the proposed abolition of irrigation channels, and the substitution of a pipe-water-supply and hydrants for irrigation purposes; (2) failing this, the making of the irrigation channels *pucca*; (3) The abolition of the Grass Farm and other cultivation requiring irrigation in the close proximity of barracks. All these recommendations appear sound, but the financial questions involved would probably prevent the adoption of certainly the more drastic ones. The recommendations of the Cantonment Committee practically follow the same lines, but with some additions regarding other sanitary requirements in the station. He thinks that the question of the suppression of malaria should take precedence of any question as regards sanitary measures to be adopted and that no doubt the substitution of a piped-water-supply for irrigation instead of by irrigation channels would be the best course to pursue but that the cost would probably be prohibitive; failing this the irrigation channels should be made *pucca* as this would be less expensive, but not so efficient. Supervision might prevent the unlimited flooding of gardens, etc., but not much good could be expected from this, if the other factors continued in operation. Strict attention should also be paid to the prophylactic use of quinine and the question of making the barracks “mosquito proof” should also be considered.

The Major-General Commanding the 1st (Peshawar) Division makes the following remarks:—“I regret that this year owing to my having been away on two expeditions, I have been unable to go as thoroughly into cantonment matters as I should have liked to do. I am very much interested in them and hope by next year to have formulated a scheme by which some of the defects brought to notice may disappear. Want of funds is of course the chief obstacle, but much can be done even on our present income.”

**Kohat.**—A few more drains and water channels require to be made *pucca* and it is said this will be done as funds permit. The existence of highly irrigated land held by zemindars in and around cantonments is very prejudicial to the health of the station, and these lands should, if possible, be acquired by Government. The supply of water to the right Infantry lines is very often greatly deficient, and generally during the hot weather. The barrack accommodation in the Cavalry lines is sufficient for fighting men only, but as syces also occupy the barracks there is a certain amount of overcrowding. In the Mountain Battery lines, one only out of the eight barracks allows of the regulation cubic space per man. The Cavalry and Mountain Battery *bazaar* huts are too small and badly ventilated. The *dhoby ghat* owing to insufficiency of water, which is also sometimes very filthy, is in a very unsatisfactory condition. An expenditure of ₹1,905 was incurred during the year on extensions to the piped-water-supply and the construction of a well and trough in the 33rd Mule Corps lines.

The Cantonment Committee state that the question of a new *dhobies ghat* has been before them for several years, and until a sufficient supply of water can be obtained, it is useless spending any money on the present site.

The Principal Medical Officer of the Kohat Brigade is of opinion that the following are urgent sanitary requirements to be carried out in instalments or *en bloc*, the cost of which would not be financially prohibitive to ensure a passably sanitary condition:—

(a) Provision of increased pure water-supply for drinking, and to admit of construction of a sanitary *dhobi ghat*; (b) provision of more water carts; (c) lining more channels with brick work; (d) provision of dry earth sheds and appliances for working the dry earth system; should, however, the trial of incinerators (about to be made) prove successful, the necessity for this provision would disappear; (e) purchase by Government of zemindari lands in the cantonments; (f) the construction of a short length of new road from the Bannu road, direct into the city; (g) the removal of the left Infantry lines; (h) the purchase of the Chikarkote village. The cost of carrying out the two last-named measures would, he adds, be considerable, and, as the Cantonment is starved financially, special grants would be necessary.

The Major-General Commanding the Kohat Brigade remarks as follows on the Principal Medical Officer's recommendations detailed above:—“(a) This is the first necessity. It is receiving full attention and I have already asked for money and intend submitting further proposals. The question is the more urgent as large bodies of troops may at any time be camped here; (b) this is very desirable. In droughts Kohat is very dusty, and throat and chest diseases, prevalent at such times, have repeatedly been attributed to this cause by



TABLE XXX—*continued.*

ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

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medical officers ; (c) desirable but may be deferred until more pressing reforms are accomplished ; (d) I agree, but we are experimenting with a system of incineration. If successful, receptacles for fall (litter) would take the place of these sheds. The need for initial expenditure in this direction will therefore still stand ; (e) a very important matter. A large aggregate area has, I understand been allotted to zemindars by the recent settlement in such a way as to be under no control by the Cantonment authority. I am in communication with the civil authorities, but so far have not made progress. The subject is repeatedly referred to in the Inspecting Officer of Cantonments' report ; (f) a highly desirable reform because traffic on the station road has increased to a very objectionable extent since the opening of the railway." He adds that none of the reforms can be carried out without funds, and that if incineration proves successful, Government will be saved the expense of acquiring new land for trenching, and the recurring cost of establishments and plant will be reduced ; the offensive Crowley cart will disappear, and improved health should result ; this is especially important in view of Mobilization Concentrations ; but that the experiments in this direction will necessarily be protracted.

**Edwardesabad.**—The continued existence of the Grass Farm within Cantonment limits is to be deprecated as the numerous irrigation channels connected with it form ideal breeding places for *Anopheles*. The water-supply is totally insufficient and the method of drawing water from the Cavalry well by means of a long rope trailing on the ground is very insanitary. The accommodation for British officers is very inadequate and that for the Artillery and Infantry does not allow of the regulation cubic space per man. The two Infantry *bazaars* are antiquated, badly constructed, devoid of light and ventilation and overcrowded. The latrines are of an old type and many are quite worn out. The rule regarding the removal of latrines once a month cannot be carried out in all cases owing to want of space. A total expenditure of R 1,719-8- was incurred during the year on the latrines.

The Cantonment Committee state that "sites of a proper size for the Cantonment latrines are provided for in the Bannu Cantonment Reconstruction Scheme."

The Principal Medical Officer of the Bannu Brigade remarks that he is strongly of opinion that the numerous irrigation channels running through the Cantonment should be stopped and especially those flowing in *pucca* channels through the Fort ; as the drinking water is obtained from very deep wells and the temptation to drink the irrigation water must be very great. He considers it a mistake to send to this station units, like the 24th Mountain Battery, which have been recently suffering severely from malaria.

The Major-General Commanding the Bannu Brigade remarks that the health of the troops in Cantonments will be much improved when grass farming operations in Cantonments can be done away with and the main water channels made *pucca*.

**Dera Ismail Khan.**—The drainage during the year has been greatly improved by the construction of the *pucca* drain south of the cavalry lines, but the surface drainage can still be improved. Pools and marshes exist in the river bed in the vicinity of cantonments and are no doubt injurious to health. The water-supply from wells having Persian wheels is liable to contamination. The city of Dera Ismail Khan is not in a satisfactory condition, and its proximity to cantonments is a danger, as plague appeared during the year and typhoid also is known to exist there and probably infection was received from it. The latrine accommodation for the troops is deficient in the number of seats. Several sanitary improvements were in progress at the close of the year and their completion was expected by the end of March 1908.

The Cantonment Committee state that the surface drainage in the various lines requires improvement by deepening the existing shallow drains and filling up depressions with earth. The large depression west of the cavalry lines also requires refilling. A *bazaar* in cantonments would be very useful to prevent the troops from contracting infectious diseases in the city, especially during the prevalence of plague. They add that the latrine accommodation for the troops should be increased.

The Principal Medical Officer of the Derajat and Bannu Brigades remarks that during the year the work on the drainage scheme has been slowly progressing, but on the whole a good deal of benefit has resulted, though much remains to be dealt with, chiefly in respect to the *kutchra* branch drains. A great deal of levelling and clearing of insanitary spots behind the butts and in the artillery lines has been done and the hole, west of the Cavalry lines, has been filled. The work on the officers' *dhobies ghat* is progressing slowly as also are the hospital latrines which, however, are not nearly finished. Steps are being actively taken to arrange for the closing of a "*gharaban*" where the Hindus wash their dead on the way to the burning *ghat* and the civil authorities are arranging to give them another site outside cantonments. He adds that the new hospital for officers is now ready and that the question of deficient accommodation in the battery lines will be taken up at once.

The Major-General Commanding the Derajat Brigade states that "all measures for the improvement of the sanitary condition of the cantonments have received due consideration and are being carried out as far as possible, though progress with work is often very slow. Local contractors are few and independent and very dilatory in their methods. A cantonment *bazaar* would undoubtedly be an advantage, but its proper management and supervision would be most difficult owing to the frequent changes in acting Cantonment Magistrates here."

**Jandola.**—No sanitary report.

**Drosh.**—Rice fields exist between Upper and Lower Drosh and in spring and summer are in a marshy condition. The barrack accommodation is insufficient. There are no latrines for the *bazaar* people.

The Principal Medical Officer of the 1st (Peshawar) Division remarks that some overcrowding evidently exists in barracks, as 600 cubic feet should be given for each man, which would give 16 men for a barrack of 9,828 cubic feet instead of 22 as at present ; and that latrines are required for the *bazaar* population.

**Malakand.**—In Peacock's area each house has been treated as a separate building, its drains being made *pucca* for the distance of about ten feet only from its walls and from there onwards remaining *kutchra* and thus draining into the Crater, no attempt being made to carry away all drainage material outside the Fort walls. These defects were brought to the notice of the Garrison Engineer last year but nothing as yet has been done. These remarks also apply to the drainage of buildings inside the Fort. There was slight overcrowding due to about 900 men being present, whereas provision exists for only one regiment on field service strength (some 700 odd). There is a "*Gwala Mundi*," just outside the Fort which is not what it might be. Last year steps were to have been taken by the Political Agent to remedy the defects existing therein but so far nothing has been done. Though the population is increasing rapidly, the conservancy establishment has remained the same, and the medical officer considers that the general public coming up should, like the sepoys, also be subjected to segregation. A supply of pure milk cannot be had, and the medical officer considers that the men ought to have additional luxuries given free to enable them to be fit in that rigorous climate ; at present no free rations are given and the men have to live on the pay that alone would be sufficient in the plains. Fire-places are urgently needed in all the barracks,—the men receive a daily ration of wood but owing to the expense involved no fire-places have been provided in which to burn it. A total expenditure of R 195 only was incurred during the year on minor sanitary improvements.

The Cantonment Committee suggest—(1) that fire-places be provided in the several barracks, guard houses and towers. An estimate for the same was prepared and recommended by the Standing Barrack Committee and sent to Nowshera, but it was not passed ; (2) that the *pucca* drainage be continued as far as possible to the outskirts of Peacock's enclosure ; (3) that a meat ration in the cold weather at least be provided even once a week by Government or if that be impossible a ration of tea ; (4) that the conservancy establishment be increased in proportion to the increase in the population ; and (5) that the increase in the population be supervised.

The Principal Medical Officer of the 1st (Peshawar) Division agrees with all the recommendations of the Committee and considers especially that it is very important to supervise the sanitary conditions of the civil population in the station. He adds that the barracks are overcrowded generally and not sufficiently lighted, warmed or ventilated, and suggests increased accommodation so as to



## TABLE XXX—*continued.*

*ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

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ensure the authorized amount of cubic space per man. More ventilation, lighting and warming are required and stoves or fire-places should be provided to ensure the latter. The floors of most of the barrack rooms are of earth and it would be much better from sanitary point of view if they were flagged or bricked.

The Major-General Commanding the 1st (Peshawar) Division remarks that a great deal has been done at the Malakand since he first took command of the Nowshera Brigade five years ago, and that much remains, no doubt, that could be improved, but the cost (except by degrees) is prohibitive.

**Chakdara.**—*Fheels*, marshes and rice fields abound in the vicinity and the barracks are very overcrowded, as a rule. Though some improvements have been made during the year, the drainage of the ground is still very bad and the hospital is in a most unsatisfactory condition. A total expenditure of Rs216 was incurred during the year on rebuilding a drain and repairing the floor of a latrine.

The Cantonment Committee state that a new hospital building is urgently needed. A proposal was made by the General Officer Commanding 1st (Peshawar) Division to build one in 1906 and a Committee met this summer (1907) and recommended a site for the new building.

The Principal Medical Officer of the 1st (Peshawar) Division remarks that a new hospital, for which a site has been selected, is much needed; and that it is difficult to suggest any further methods for the prevention of malaria which is very prevalent. The Fort is surrounded by irrigated land, and the breeding grounds for mosquitoes are practically unlimited and all the marshy ground in the immediate vicinity of the Fort should, as far as possible, be drained and holes filled in; those drainage channels which are required should be cut square so as to give no harbourage for the mosquito larvae, and he considers that the dark, badly lighted, and badly ventilated barrack rooms also favour the disease. It is proposed to move the Civil Hospital to Malakand, as its immediate presence close to the Fort may also have some influence as a source of infection in the spread of malaria. The barracks are overcrowded and are reported to be very cold and draughty in the cold weather and he recommends that more ventilation should be given on the inner walls and stoves or fire-places supplied for warming the barracks.

The Major-General Commanding the 1st (Peshawar) Division states that many improvements have been made of recent years and that others will be made as funds are available.

**Abbottabad.**—All the *nullahs* running through Cantonments require stone drains to prevent the formation of stagnant pools. Two ponds, one in Cantonments, the other in its immediate vicinity, require to be drained. The barracks for  $\frac{3}{4}$ th and  $\frac{1}{6}$ th Gurkha Rifles do not provide the authorized cubic space, and washing places are required near the cook-houses in the four Gurkha Battalions. An expenditure of Rs1,300 was incurred during the year on the construction of two slaughter houses and a bakery; and Rs4,132 on additional barracks and improvements to the drainage.

The Cantonment Committee suggest the inclusion within Cantonment limits of a portion of the land, as far as the link road, which is used for rice cultivation; the construction of *pucca* drains in the main *nullahs* in Cantonments and the drainage of the ponds referred to by the Senior Medical Officer.

The Principal Medical Officer of the Abbottabad and Sialkot Brigades recommends the abolition of rice cultivation in the valley, the extension of Cantonment limits as far as practicable and the planting of shrubs and trees on the margin and adds that if these recommendations are impracticable on account of expense then most of the men should be sent into suitable camps in July, August, September and October, and that mosquito nets be supplied to those obliged to remain in the station. He advocates the drainage of the ponds and the laying of *pucca* drains in the station and concurs in the other recommendations of the Senior Medical Officer.

The Major-General Commanding the Abbottabad Brigade remarks that all the points brought to notice have been recently under his consideration and that he has submitted a separate report to the Assistant Adjutant General, 2nd Division.

**Hangu.**—No sanitary report.

**Alipore.**—There are many tanks and drains where the Native Infantry lines are situated and only a big and efficient drainage scheme can deal with the low-lying ground. Owing to the drains being chiefly earthen cuttings the water collects and stagnates in places where the gradient is not sufficient. The Municipal pipe water is rather deficient at times owing to the intermittent supply. Several sanitary improvements in the hospital, drainage and latrines were carried out during the year.

The Cantonment Committee suggest that *pucca* masonry drains with a good fall should replace all *kutchra* earth drains and the tanks within the lines be drained and filled. In the hospital the short masonry drains carrying all refuse water from the servants' quarters and cook-houses and also from the hospital assistants' quarters outside should all be continued and extended right down to a suitable outlet, as at present the drains run for a very short distance only and end in masonry pits which soon overflow and the surrounding ground is rendered damp and insanitary. A small pond outside the hospital compound towards the south-east to which the drainage from the hospital and two houses outside is led, should be drained and filled as it is in a very insanitary state and a fertile breeding ground for mosquitoes.

The Principal Medical Officer of the Presidency and Assam Brigades states that malarial fever has been very prevalent and that the 13th Rajputs have suffered much from it; and in his opinion the suggestions for improving the existing insanitary conditions mentioned by the Cantonment Committee are very necessary measures.

The Brigadier-General Commanding the Presidency Brigade remarks that he has represented the condition of the Alipore drainage to the Municipal Health Officer and has been assured by him that it shall receive early attention.

**Allahabad.**—There is not much fall for the drainage near the Saddar Bazaar, and in the other bazaars it is bad but will be put right gradually as funds permit. None of the latrines except two new ones have shelters from the sun or rain nor are they provided with doors.

The Cantonment Committee state that the defects in the drainage and sanitary plant will be remedied as funds permit.

**Dehra Dun.**—The intervening ground of the various barracks is ill drained in places where rice was formerly grown and the old *bunds* of the fields remain and obstruct the flow of surface water. The Garhi village in the vicinity of Cantonments is overcrowded rice is cultivated in and around it and the Bijapur canal runs through the centre, which all help to keep it insanitary. A pure drinking water-supply will be necessary when the Cantonment *bazaar* is established with markets, slaughter-houses, etc. The disposal of sewage requires immediate attention, and the provision of incinerators has been recommended. Owing to the necessary employment of a very large number of coolies for the various building operations in progress it has been difficult to ensure the ground in the vicinity of buildings not being fouled.

The Cantonment Committee suggest that areas of former rice cultivation should have all *bunds* broken down to allow free natural surface drainage. They add that it is under consideration to replace the Bijapur canal irrigation water-supply with one from north of the Cantonments which will be of purer quality, and consider that if incinerators are instituted the health of the garrison will improve, otherwise it is more than likely a severe epidemic will occur.



TABLE XXX—*continued.*

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The Brigadier-General Commanding the Garhwal Brigade states that he trusts the experimental incinerator will be a success. He considers it most necessary for the health of the troops that the Garhi village should be included in Cantonments, and that as the Cantonment has much increased lately the services of a whole-time Cantonment Magistrate are necessary.

**Shillong.**—Three swamps have been drained since last year and some drains have been made; others should be similarly treated when funds are available. The married quarters are very deficient in lighting, cubic space and ventilation and a report on the matter, made out in conjunction with the Executive Engineer, has been submitted. An expenditure of ₹135 was incurred during the year on repairs to latrines and urinals.

The Cantonment Committee make no suggestions.

The Principal Medical Officer of the Presidency and Assam Brigades is of opinion that the most important thing is to make all the drains *pucca*.

SOUTHERN ARMY.

**Jacobabad.**—The station is dependent for its water-supply on canals which bring water from the Indus and the Cantonment is intersected by canals and channels which fill in May or June and dry up in the autumn, forming many favourable breeding places for mosquitoes. The water-supply is both deficient and inferior and the well from which the troops obtain their water is situated within 20 yards of a tank in which the town people wash themselves and their clothes daily. The men's quarters are dark and badly ventilated and are never whitewashed.

The Cantonment Committee offer no suggestions.

The Principal Medical Officer of the 4th (Quetta) Division remarks that owing to the number and nature of the irrigation channels the extermination of mosquitoes, to which the malarious character of the station is due, is difficult, but pools should be treated with kerosine oil. The barracks occupied by the troops should be whitewashed annually, as this is not only done elsewhere throughout the Division, but is essential on sanitary grounds.

The Major-General Commanding the 4th (Quetta) Division states that Jacobabad has a bad reputation for malaria owing to the amount of irrigated land in its vicinity; and that the remarks of the Principal Medical Officer will receive attention.

**Karachi.**—The Senior Medical Officer states there is a considerable amount of difficulty about surface drainage, as there is so little fall. The system of running surface and bath water over gardens and cultivation might be extended with benefit. He adds that it is a matter of the most urgent and pressing necessity that radical means should be adopted, at a very early date, to remove the Ratan tank, which is in a most insanitary state, from the neighbourhood of the barracks. The *Saddar bazaar* is not under Cantonment control. A new system of drainage has been introduced, new roads laid and the place has been very much improved in every way during the last 12 months. The adoption of a new system of drainage should be compulsory for all residents in the *bazaar*; the old arrangement of storing sullage water in open drains and cess pools is prejudicial to health. There is not enough attention paid in private bungalows and compounds to the removal of stagnant water and excessive undergrowth, and as this is an important matter, it should be looked to.

The Cantonment Committee remark that a sullage water garden has been started and is working satisfactorily. The filling in of the Ratan tank has been included in the budget estimate for 1908-09, but under instructions received from the Assistant Adjutant General, 4th (Quetta) Division, this is to stand over, until the question of the division of octroi between the Karachi Municipality and the Cantonment is settled. The removal of bath water from compounds was undertaken for the first time at an annual cost of ₹1,800: and action is being taken under Section 79 of the Cantonment Code for the removal of noxious vegetation.

The Brigadier-General Commanding the Karachi Brigade states that the Ratan tank will be filled in as soon as Cantonment funds are available.

**Bhuj.**—There is a slight depression to the south-west of the lines, which fills up with water after the rains, but this is being gradually filled up by earth and rubbish, and a drain was dug and a greater portion of the water emptied, the rest of the collection of water being treated with kerosine oil weekly. The slope of the ground is against proper drainage of the lines and neighbourhood. The well water used for drinking purposes is brackish and gives off an unpleasant odour, but all Cutch water has these defects.

The Cantonment Committee, the Principal Medical Officer and the Major-General Commanding the 5th (Mhow) Division offer no remarks.

**Deesa.**—The river Bannas which flows on the west side of the Cantonment and *bazaar* is prejudicial to health. Many houses in the *bazaar* are in a dilapidated condition consequent on the abnormally heavy rains of 1907.

The Cantonment Committee state that galvanized iron buckets are being gradually substituted for glazed earthen privy pans, and that all conservancy carts have been repaired or removed.

**Neemuch.**—The water-supply is deficient during the dry season. An old latrine in the native cavalry lines was demolished and a four-seated corrugated iron latrine provided.

The Cantonment Committee offer no suggestions.

The Principal Medical Officer of the 5th (Mhow) Division remarks that the water-supply requires attention.

**Kamptee.**—A large open drain which runs right through the main lines close to two wells requires to be made *pucca*. The barracks are very old and badly ventilated and in many places are tumbling down. Owing to the bad construction of the drains in the lines, water is apt to stagnate in them.

The Cantonment Committee state that the lines which are old and dilapidated require rebuilding, if possible, on a new site.

The Principal Medical Officer of the Jubbulpore and Jhansi Brigades remarks that the drainage generally is defective and a menace to health; the existing drains should at once be repaired and, where necessary, new drains constructed. The barracks are old and to render them sanitary much is needed.

The Major-General Commanding the Jubbulpore and Jhansi Brigades states that the main defects are pointed out by the Principal Medical Officer, but as long as the edict against spending any money in Kamptee is in force, little or nothing can be done. He specially emphasises the remark about Colonel Thornhill's system that, unless it is carried out very thoroughly, it is very dangerous; and the difficulty of getting *bildars* and the cotton soil renders the thoroughness an impossibility.

**Sirur.**—No sanitary report received.

**Bombay (Colaba).**—The water is supplied by the Bombay municipal authorities, but there are signs of deficiency in the supply, due to the mains being too small and the increase in the population. The lines are not sufficiently well-ventilated and are situated close to a crowded part of the native town where there are generally a large number of cases of plague and small-pox. There is a drain running from south to north through the east end of the lines, which carries dirty water to one of the main drains of the city and is often foul smelling and offensive, and the water from the bathing *ghat* outside the lines drains into it.

The Cantonment Committee offer no suggestions.

The Principal Medical Officer of the Bombay Brigade remarks that last year he detailed fully the measures he considered necessary to remedy the many sanitary defects existing. He adds that Colaba is not a Cantonment and is therefore only partially under control



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## TABLE XXX—concluded.

### ABSTRACT of the CANTONMENT SANITARY REPORTS of the most UNHEALTHY STATIONS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

The ratios of sickness and mortality will be found in Table XXVIII.

The water-supply is deficient and is likely to get worse in the near future, as many new houses are being erected along the line of the already too small main. The accommodation for troops in the Marine lines is as bad as it can well be and nothing short of complete demolition of the troop lines will meet the case, and even then the area is too limited to accommodate a battalion. As long as troops are kept in these lines, just so long will a native battalion be more or less below par from a health point of view.

The Brigadier-General Commanding the Bombay Brigade states that he concurs generally in the opinions and recommendations made by the Principal Medical Officer.

**Loralai.**—The accommodation for the men of the cavalry and for the native officers of the infantry is insufficient. The waste water channels in the lines should be bricked, as, in their present state, it is very difficult to keep them clean. An expenditure of R4,596 was incurred on improvements during the year.

The Cantonment Committee suggest that the waste water channels should be bricked. In the Fort these channels run within a few yards of the men's quarters and are a fruitful source of mosquitoes in the hot weather. In the hospital compound these channels have been bricked and consequently they can be kept very clean and free from accumulation of water. This system should be extended to the rest of the Fort channels and would probably lead to a great reduction in the admissions from malaria during the months of August and September.

The Principal Medical Officer of the 4th (Quetta) Division remarks (1)—that the bricking of the waste water channels and of the drains in the Fort is work that should certainly be taken in hand as funds admit; (2) that one or two men should be constantly employed in the repair of the irrigation channels in cantonments and keeping them clear of weeds so as to avoid any stagnation of the water; and (3) that the syphon culverts under the roads should be periodically flushed, when the flow of water through them is insufficient.

The Major-General Commanding the 4th (Quetta) Division states that "the suggestions of the Principal Medical Officer will receive attention as funds become available."

**Fort Sandeman.**—The supply of water is brought into cantonments by a pipe line, 9 miles long, which is subject to frequent breakages owing to floods during the rains. The lines are too close to cultivation and also to the native *bazaar*, which are a malarial breeding ground and a source of constant infection by the mosquito.

The Principal Medical Officer of the 4th (Quetta) Division remarks that steps should be taken in conjunction with the civil authorities to prevent the formation of breeding places for mosquitoes, and that more might be done without any undue interference with the rights of cultivators. He adds that some measures should be taken which would safe-guard the water-supply from the constant breaches which at present occur in the pipe line, and to repair which is a constantly recurring expense.

The Major-General Commanding the 4th (Quetta) Division states that "the suggestions of the Principal Medical Officer are being acted on and those involving extra cost will be carried out as soon as funds are available. The 94th Russell's Infantry appear to have suffered heavily during the past year, but much of their sickness has been contracted on outpost duty and is not due to the unhealthiness of Fort Sandeman."

**Aden.**—There is no system of surface drainage, but a scheme has been put forward for the Settlement drainage, and it may be possible to connect a system for the various lines when this is completed. There are three wells, two to the north of the Native Infantry lines and one in the Supply and Transport lines, which are breeding grounds for mosquitoes. Unfortunately these wells are part of the present scanty ablution supply and feeble measures only can be adopted. There are serious defects in the present methods of the supply and distribution of the condensed water. The 113th Infantry is suffering from partial overcrowding and no accommodation is provided for six out of the full strength of 14 native officers. It is very difficult to keep the camel market in the vicinity of cantonments in a sanitary condition, but it is understood proposals are now in hand for extensive improvements. The latrines in the Supply and Transport lines are of an old pattern and insanitary, but steps are being taken to replace them during the next financial year by others of a more modern pattern. There are too many small clothes-washing places in lines and bungalow compounds, owing to the need for guarding the water from being stolen, but this defect is hardly remediable in the absence of a water-supply.

The Cantonment Committee suggest that the entire plan of water delivery from the tanks and reservoirs should be remodelled and such mechanism introduced as will prevent the water from risk of contamination by hand or dirty vessels, pipes, etc., on its way from the tank to the cart. They are of opinion that the present method of distributing the water at the lines and quarters of married men and officers leaves much to be desired. They recommend—(1) that the present measure which is without handles and usually dirty should be replaced by a vessel with handles of an official pattern with the capacity stamped on it, and the vessels supplied to the consumer, whether officer in quarters or men in barracks; (2) that the present method of delivering water in some instances before daylight is not a desirable practice and should be stopped, the reason being that in the dark it is impossible to ensure cleanliness and necessary supervision; (3) that the accommodation in the Native Infantry lines is insufficient and should be increased to the extent provided for in the Regulations.

The Principal Medical Officer of the Aden Brigade concurs generally in the preceding remarks. He considers that the need for a new water-supply is obvious and would solve many of the difficulties and defects noted; *e. g.*, the risk of contamination of the condensed water, and the more efficient treatment of sewage by the septic tank process; and that it would seem feasible—(1) to replace the *Handah* used for measuring by a bucket with cover and handle so that it need not have dust blown into it while carried in the cart, nor have the rim grasped by the native driver; (2) to do away with hose and pass all water through iron pipes; filling the carts direct from a tap; (3) to dispense with any intermediary such as barrels, between iron receptacles and carts. Assurances have been given that any interchange of aqueduct and condensed water carts will be severely dealt with, as the water in the former is not fit for drinking purposes. The overcrowding in the Native Infantry lines does not appear serious as the excellent ventilation by strong winds and the fact that the men mostly sleep out in the hot season make the technical overcrowding exceptional and no origin or prevalence of disease has been traced to this source.

The Major-General Commanding the Aden Brigade remarks that the chief desiderata for Aden from a sanitary point of view are (1) a supply of fresh water from the mainland which will bring in its train the treatment and disposal of sewage by septic tanks; and (2) the destruction of rubbish by incinerators which will get rid of the plague of flies which now breed in the festering midden heaps. He adds that water is now being prospected for and trial samples tested and incinerators are being erected as funds will admit; and that meanwhile steps will be taken to improve the minor defects noted in regard to water distribution as recommended by the Principal Medical Officer.

**St. Thomas' Mount.**—The drainage within Cantonments is very defective. Most of the *bazaar* wells are contaminated by surface drainage and in the dry season the supply is not plentiful. The water used by the troops has been found bad on analysis. The road-side drains are very defective and often get choked. The public latrine system is very defective, as there are no receptacles to receive faecal matter and urine which soak into the ground; and the Municipality have not the necessary funds to remedy the defects.

The Cantonment Committee report that the drainage, water-supply and public latrines are very defective, and these can only be remedied by the expenditure of money, which the local Municipality, with its very limited means, cannot incur.

The Principal Medical Officer states that he entirely concurs with the preceding remarks.

The Brigadier-General Commanding the Madras Brigade remarks that the sanitation is evidently in an unsatisfactory condition. Some remedial measures have already been proposed and are under consideration, but considerable expenditure will be involved in setting matters right, and the Cantonment Committee state that funds are not available.

**Maymyo.**—No defects are reported. The surface drainage has been much improved since last year, and the general health has improved in consequence.

**Hong-Kong.**—No sanitary report received.



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## TABLE XXXI.

INFLUENZA by months, stations, groups, and armies.

## TABLE XXXII.

CHOLERA by months, stations, groups, and armies.

STATIONS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												TOTAL.	ADMISSIONS FROM CHOLERA IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Barrackpore . . . . .	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA. } B	...	...	...	...	...	...	...	...	2	1	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND NAGPUR. } A	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Delhi . . . . .	...	...	...	...	...	...	...	...	...	...	3	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore . . . . .	16	7	4	1	2	2	...	...	...	...	52	8	92	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment . . . . .	...	...	...	...	...	...	...	...	...	...	2	1	3	...	...	...	...	...	...	...	2	...	...	...	...	2
Jhelum . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
GROUP VI.—UPPER SUB-HIMALAYA. } A	16	7	4	1	2	2	...	...	...	...	57	13	102	...	...	...	...	1	...	...	2	...	1	...	...	4
Mardan . . . . .	...	...	...	...	...	...	...	...	...	...	...	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	...	...	1	...	2	9	...	3	3	...	6	21	45	...	...	...	...	...	...	...	...	...	...	...	...	...
Peshawar . . . . .	36	1	1	5	2	...	1	1	...	1	...	...	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat . . . . .	2	...	...	...	...	...	...	...	...	...	...	39	41	...	...	...	...	...	...	...	...	3	...	...	...	3
Edwardesabad . . . . .	...	...	3	...	17	15	6	1	8	1	...	...	51	...	...	...	...	...	...	...	...	...	...	...	...	...
Multan . . . . .	...	...	...	...	...	...	...	...	...	...	...	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...
C	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi . . . . .	7	12	3	...	...	1	2	2	1	1	1	2	32	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA. } B	45	13	8	5	21	25	9	7	12	3	7	77	232	...	...	...	...	...	...	...	...	...	3	...	...	3
Erinpura . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...
Jhansi . . . . .	...	...	...	7	...	...	...	...	...	...	1	6	14	...	...	...	...	...	...	...	...	...	...	...	...	...
Goona . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Agar . . . . .	12	20	...	...	...	...	...	...	...	...	...	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VIII.—SOUTH-EASTERN CENTRAL INDIA, AND GUJARAT. } A	12	20	...	8	...	...	...	...	...	1	1	6	48	...	...	...	...	1	...	...	...	...	...	...	...	1
Saugor . . . . .	16	...	...	...	...	...	...	...	...	...	...	...	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore . . . . .	...	...	...	...	...	...	...	...	...	5	6	1	12	...	...	...	...	...	...	...	...	...	...	...	...	...
Kampti . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	16	...	...	...	16
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Aurangabad . . . . .	...	...	...	...	...	...	2	...	...	...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolarum . . . . .	...	...	1	...	...	...	...	...	2	2	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Secunderabad . . . . .	...	2	...	...	...	6	...	...	...	...	1	...	9	...	...	...	...	...	1	...	...	...	...	...	...	1
Belgaum . . . . .	3	1	1	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	2
Kirkee . . . . .	6	...	...	...	...	...	...	...	1	1	...	...	8	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP IX.—DECCAN . . . . .	26	3	2	...	...	6	2	...	3	8	8	2	60	...	...	1	2	...	...	1	...	...	16	...	...	20

\* Stations where neither Influenza nor Cholera occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



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TABLE XXXI.

INFLUENZA by months, stations, groups, and armies.

TABLE XXXII.

CHOLERA by months, stations, groups, and armies.

STATIONS, GROUPS, AND ARMIES.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Bangalore . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	...	...	3
B																										
Trichinopoly . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	1	...	...	...	4
GROUP XI.—SOUTHERN INDIA. }	...	...	1	...	...	...	...	...	...	...	1	...	2	1	...	2	...	...	...	...	2	1	...	...	...	6
Bakloh . . . . .	...	...	...	...	2	...	...	...	...	...	...	30	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Kila Drosh . . . . .	...	5	...	...	...	...	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai . . . . .	...	...	...	...	...	...	...	...	...	...	14	9	23	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . . . . .	19	13	...	6	15	27	10	26	68	42	28	11	265	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STA- TIONS. }	19	18	...	6	17	27	10	26	68	42	42	50	325	...	...	...	...	...	...	...	...	...	...	...	...	...
Marching, India . . . . .	...	...	...	...	...	1	...	...	1	...	1	7	10	...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.																										
(b) Not in the Indian Com- mand:—																										
Shan-hai-Kwan } North China. }	15	3	6	2	...	...	...	...	...	4	1	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...
Tongshan }	2	1	1	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Hong-Kong (South China) .	...	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
ARMY OF INDIA .	135	65	22	22	41	60	22	33	86	59	120	155	820	1	...	3	2	1	1	1	4	1	20	...	...	34
NORTHERN ARMY . . .	54	13	9	6	26	26	7	5	13	3	63	118	343	...	...	...	...	1	...	...	2	...	4	...	...	7
SOUTHERN „ . . .	64	48	6	14	15	34	14	28	72	52	53	30	430	1	...	3	2	...	1	1	2	1	16	...	...	27

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## TABLE XXXIII.

ENTERIC FEVER by months, stations, groups, and armies.

STATIONS * AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Dufferin . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1
GROUP II.—BURMA INLAND . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1
Manipur . . . . .	...	...	1	1	...	...	...	...	...	...	...	...	2
Dibrugarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM . . . . .	...	...	1	1	...	...	...	...	...	...	...	...	2
Fort William . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Barrackpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Buxa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Lucknow . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND NAGPUR. } CHUTIA	...	...	...	...	...	...	...	...	...	...	...	...	...
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1
Rurki . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Dehra Dun . . . . .	1	6	3	4	1	1	2	2	3	...	7	...	30
Meerut . . . . .	...	...	1	...	...	...	...	...	...	...	1	...	2
Ambala . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	1	...	...	2	...	...	...	...	...	...	...	...	3
Ferozepore . . . . .	...	...	...	2	...	...	...	...	...	...	1	...	3
Lahore Cantonment . . . . .	...	...	...	1	...	1	...	...	...	...	...	...	2
Sialkot . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1
Jhelum . . . . .	...	...	...	1	1	...	3	...	...	...	...	...	5
Rawalpindi . . . . .	2	...	...	...	...	...	2	...	...	...	1	...	5
Attock . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
GROUP VI.—UPPER HIMALAYA. } SUB-	4	6	5	7	4	4	2	7	3	1	1	10	54
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Mardan . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1
Peshawar . . . . .	...	...	...	...	1	...	...	...	2	...	...	...	3
Fort Jamrud . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1
Kohat . . . . .	...	...	...	...	...	...	...	1	1	...	...	1	3
Edwardesabad . . . . .	2	1	1	1	...	...	1	1	...	...	2	...	10
Dera Ismail Khan . . . . .	...	...	...	...	...	1	1	...	...	1	...	2	5
Multan . . . . .	...	...	...	1	...	1	...	...	1	...	...	...	3
C	...	...	...	...	...	...	...	...	...	...	...	...	...
Jacobabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA. }	2	1	1	3	2	2	2	2	3	3	...	5	26
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhuj . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajkot . . . . .	...	...	...	...	1	...	1	...	...	...	...	...	2
Deesa . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1
Ahmedabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Baroda . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirdarpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . . . .	...	...	1	1	...	...	...	1	1	...	...	...	4
Agar . . . . .	...	...	...	...	...	1	...	...	...	...	...	...	1
Sohore . . . . .	...	...	...	...	...	1	...	...	...	1	...	...	2
Mhow . . . . .	...	...	1	...	...	...	1	...	...	...	...	...	2
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT. }	...	...	2	1	2	2	2	...	1	2	...	...	12

## TABLE XXXIV.

SIMPLE CONTINUED FEVER by months, stations, groups, and armies.

STATIONS * AND GROUPS.	ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	6
Rangoon . . . . .	12	9	9	5	6	...	2	5	2	8	7	4	69
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	12	12	12	5	6	...	2	5	2	8	7	4	75
Meiktila . . . . .	1	1	2	3	1	2	8	3	3	6	10	11	51
Fort Dufferin . . . . .	...	...	...	...	...	23	12	17	13	10	18	16	109
GROUP II.—BURMA INLAND . . . . .	1	1	2	3	1	25	20	20	16	16	28	27	160
Manipur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2
GROUP III.—ASSAM . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2
Fort William . . . . .	...	...	1	...	...	...	...	...	...	...	2	...	3
Alipore . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Barrackpore . . . . .	...	...	...	...	...	...	...	...	...	1	2	...	3
Buxa . . . . .	...	...	...	...	...	...	...	...	1	1	1	...	3
GROUP IV.—BENGAL AND ORISSA . . . . .	...	...	1	...	...	...	...	1	1	1	2	4	10
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinapore . . . . .	1	...	4	...	6	1	...	5	6	6	6	1	36
Benares . . . . .	3	3	3	1	2	...	...	...	...	...	...	...	12
Allahabad . . . . .	...	2	2	...	...	...	1	...	...	...	...	...	5
Fyzabad . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Lucknow . . . . .	1	5	...	...	...	...	...	1	3	18	1	...	29
Cawnpore . . . . .	...	...	...	...	1	...	1	...	...	...	...	...	2
GROUP V.—GANGETIC PLAIN AND NAGPUR. } CHUTIA	5	10	9	1	9	1	2	7	9	24	7	1	85
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Bareilly . . . . .	...	1	1	1	3	3	5	6	8	8	7	3	46
Rurki . . . . .	...	...	7	11	21	21	61	29	31	44	15	...	240
Dehra Dun . . . . .	...	...	...	...	2	...	2	...	2	...	...	...	6
Meerut . . . . .	1	...	...	...	3	1	1	4	1	1	2	...	14
Ambala . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...
Jullundur . . . . .	...	...	...	1	...	...	...	...	...	1	...	...	2
Ferozepore . . . . .	...	1	2	3	3	...	...	1	1	1	...	...	12
Lahore Cantonment . . . . .	1	...	1	2	2	3	7	1	...	10	8	4	39
Sialkot . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhelum . . . . .	1	2	1	...	...	...	4	3	...	...	...	...	11
Rawalpindi . . . . .	9	5	...	...	6	6	4	4	4	...	...	6	44
Attock . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	1
GROUP VI.—UPPER HIMALAYA. } SUB-	12	9	12	18	37	38	82	47	49	65	31	15	415
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Mardan . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1
Nowshera . . . . .	...	...	...	...	3	3	...	2	...	6	...	...	14
Peshawar . . . . .	...	...	...	...	...	...	1	...	2	...	...	...	3
Fort Jamrud . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Kohat . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad . . . . .	...	...	1	...	...	...	...	1	3	2	...	...	7
Dera Ismail Khan . . . . .	...	...	...	...	...	...	1	1	2	2	4	1	11
Multan . . . . .	1	...	...	...	...	...	2	...	...	...	...	...	3
C	...	...	...	...	...	...	...	...	...	...	...	...	...
Jacobabad . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP VII.—NORTH-WESTERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ-PUTANA. }	2	...	1	...	3	3	5	4	7	10	4	1	40
A	...	...	...	...	...	...	...	...	...	...	...	...	...
Bhuj . . . . .	...	...	3	...	...	...	...	...	1	...	...	1	5
Rajkot . . . . .	...	1	...	...	1	...	...	1	...	...	3	...	6
Deesa . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad . . . . .	15	16	13	...	...	1	...	...	...	...	...	...	45
Baroda . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
B	...	...	...	...	...	...	...	...	3	7	2	6	19
Sirdarpore . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	1
Erinpura . . . . .	...	...	...	...	...	...	...	4	1	2	1	...	13
Deoli . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1
Agra . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Jhansi . . . . .	...	2	1	...	1	1	2	...	...	...	...	...	8
Agar . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Sohore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Mhow . . . . .	1	3	...	...	1	...	...	...	...	...	...	...	5
GROUP VIII.—SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT. }	17	22	17	...	4	6	8	6	10	3	9	2	104

\* Stations where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



NATIVE TROOPS, 1907.

TABLE XXXIII—*continued.*

*ENTERIC FEVER by months, stations, groups, and armies.*

STATIONS, GROUPS, AND ARMIES.		ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												
		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
A														
Saugor . . . . .		...	1	...	...	...	...	...	...	...	...	...	1	
Jubbulpore . . . . .		...	...	...	...	1	...	...	...	...	...	...	1	
Kampti . . . . .		...	...	...	1	...	...	...	...	...	...	...	1	
B														
Aurangabad . . . . .		...	...	...	1	...	...	...	2	...	1	...	4	
Ahmednagar . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	
Bolarum . . . . .		3	1	1	...	...	...	...	...	1	...	...	7	
Secunderabad . . . . .		...	...	...	...	1	1	1	3	3	1	...	10	
Belgaum . . . . .		...	1	...	...	...	...	...	...	2	1	...	4	
Poona . . . . .		...	...	...	...	...	...	...	...	2	2	1	8	
Kirkee . . . . .		...	...	...	...	...	...	...	...	1	2	...	4	
GROUP IX.—DECCAN . . . . .		3	3	1	2	2	1	1	5	9	8	1	4	40
Bombay . . . . .		...	...	...	...	...	...	...	...	...	...	1	...	1
Santa Cruz . . . . .		...	...	...	...	...	...	...	1	...	1	...	...	2
Cannanore . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Trivandrum . . . . .		...	...	...	...	...	...	...	...	...	1	...	...	1
GROUP X.—WESTERN COAST		...	...	...	...	...	...	...	1	...	2	1	...	4
A														
Bellary . . . . .		...	...	...	...	...	...	...	1	...	...	...	...	1
Bangalore . . . . .		...	...	...	1	...	...	...	...	1	...	...	...	2
B														
Trichinopoly . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
St. Thomas' Mount . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
Madras . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XI.—SOUTHERN INDIA . . . . .		...	...	...	1	1	...	...	1	1	...	...	...	4
Maymyo . . . . .		...	1	...	...	...	...	...	...	...	...	1	...	2
Shillong . . . . .		...	...	1	...	...	1	...	1	...	...	...	...	3
Gangtok . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Chumbi (including Pharijong)	}	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora . . . . .		...	...	...	...	...	1	...	1	1	...	...	...	3
Naini Tal . . . . .		...	...	...	...	...	2	...	...	...	...	...	...	2
Lansdowne . . . . .		...	...	...	...	...	...	...	1	...	...	...	...	1
Dharmasala . . . . .		...	...	...	3	...	...	...	...	1	...	...	...	4
Kalabagh . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Chitral . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Kila Drosch . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Malakand . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Dargai . . . . .		...	...	...	...	...	...	...	1	...	1	1	...	3
Chakdara . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Abbottabad . . . . .		...	...	...	1	1	1	2	3	4	1	...	...	13
Loralai . . . . .		...	...	...	...	...	1	...	...	...	...	...	...	1
Quetta . . . . .		...	...	...	...	...	...	2	1	...	...	...	...	3
Chaman . . . . .		...	...	...	...	1	1	...	1	...	...	...	...	3
Ootacamund . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Lovedale . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP XII.—HILL STATIONS . . . . .		...	1	1	...	4	4	5	5	8	6	3	1	38
Marching India . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Agra Concentration . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
EXTRA INDIA.														
(b) Not in the Indian Command :—														
Singapore . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Tien-tsin . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Tongshan . . . . .		...	...	...	...	...	...	...	...	...	...	...	...	...
Hong Kong (South China) . . . . .		...	...	...	...	1	...	...	...	...	...	...	...	1
ARMY OF INDIA . . . . .		9	11	11	15	16	13	12	21	25	22	7	20	182
NORTHERN ARMY . . . . .		6	7	8	11	10	9	7	12	12	10	3	16	111
SOUTHERN ARMY . . . . .		3	4	3	4	5	4	5	9	13	12	4	4	70

TABLE XXXIV—continued.

*SIMPLE CONTINUED FEVER by months,  
stations, groups, and armies.*

ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.												
January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
35 20 ...	11 4 ...	6 7 ...	4 1 ...	3 5 ...	1 3 ...	6 ... ...	8 2 1	1 12 2	... 15 ...	... 7 ...	... ... ...	75 76 3
... 5 8 3 ... 16 2	... 4 10 12 2 4 8	... 2 11 5 4 5 10	... 3 4 2 ... 8 2	... 4 1 4 ... 4 ...	... 1 10 6 ... 8 8	... 1 7 5 ... 9 8	... ... 14 8 ... 11 6	... ... 14 9 ... 9 7	... 1 15 14 ... 3 29	... ... 10 12 ... 8 25	... 4 ... 9 8 ... 16 21	20 21 113 88 6 101 126
89	55	50	24	21	37	36	50	54	77	78	58	629
... ... ... ...	... ... 1 ...	... ... ... ...	... ... 1 ...	... ... ... ...	... ... 1 ...	... ... ... ...	... ... ... ...	... ... ... ...	... ... 1 ...	... ... ... ...	... ... ... ...	... ... 4 ...
... 18 3 1 1	... 19 ... ... ...	... 7 ... ... ...	... 7 ... ... ...	... 9 ... ... ...	1 4 ... ... ...	2 5 ... ... ...	... 1 ... ... ...	... 1 ... ... ...	6 2 ... 1 1	2 ... 3 5 3	5 3 ... 1 1	16 76 7 8 6
23	19	7	7	9	5	7	2	1	10	13	10	113
... 2 3 ... 1 ... 5 17 ... ... ... 1 ...	1 ... ... ... ... 8 2 1 ... 4 ... ... ... ...	1 ... ... 1 ... ... ... ... ... ... ... 11 ... ... ... ...	1 ... ... ... ... ... ... ... 3 5 ... ... ... ... ... ... ...	... ... ... ... ... ... ... ... ... 5 5 12 ... ... ... ... ... ...	1 ... ... ... ... ... ... ... ... 5 60 26 ... ... ... ... ... ...	... ... ... ... 2 ... ... ... ... 3 26 ... ... ... 2 15 ... ... ... ... ...	... ... 1 ... ... ... ... ... 6 3 6 ... ... ... ... 8 7 12 ... ... ... ... ...	... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ... ...	... ... 2 1 ... ... ... ... 1 ... ... ... ... ... ... ... ... ... ... ... ...	... ... ... ... ... ... ... ... ... ... 1 ... ... ... ... ... ... ... ... ... ... ...	4 ... 12 3 6 ... 2 ... 1 20 126 4 3 8 55 ... 44 46 2 3	
33	16	15	6	24	87	71	53	13	14	6	1	339
9 4	5 5	3 ...	1 ...	5 ...	1 ...	1 ...	... ...	... ...	4 ...	... ...	13 ...	42 9
1 ... ... ... ...	... ... ... ...	3 ... ... ...	1 ... ... ...	5 1 ... ...	7 ... ... 22	3 ... 3	4 1 ... ...	3 ... ... ...	5 ... ... 2	3 1 ... ...	... ... ... ...	35 4 1 27
208	155	132	68	127	233	240	201	165	238	191	136	2,094
51 143	34 111	37 89	21 44	69 47	113 90	138 95	93 102	66 96	103 126	46 139	21 102	792 1,184



# NATIVE TROOPS, 1907.

## TABLE XXXV.

INTERMITTENT FEVER by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . .	2	3	25	20	24	14	15	14	6	5	2	...	130
Rangoon . . .	...	1	...	...	21	14	1	5	2	4	12	10	70
GROUP I.—BURMA } COAST AND BAY ISLANDS.	2	4	25	20	45	28	16	19	8	9	14	10	200
Fort Dufferin . .	21	5	4	4	17	22	8	6	9	3	19	15	133
Bhamo . . .	7	4	...	9	5	33	101	28	27	48	35	22	319
GROUP II.—BURMA } INLAND.	28	9	4	13	22	55	109	34	36	51	54	37	452
Manipur . . .	56	19	5	18	38	15	14	13	16	36	33	10	273
Sadiya . . .	1	...	...	...	1	2	1	4	1	...	2	...	12
Dibrugarh . . .	1	...	1	...	...	3	10	8	8	37	20	20	108
GROUP III.—ASSAM	58	19	6	18	39	20	25	25	25	73	55	30	393
Fort William . .	7	11	6	4	7	11	11	11	22	12	23	13	138
Alipore . . .	27	8	17	1	7	8	25	14	43	106	91	35	382
Barrackpore . .	41	11	6	2	3	5	4	29	39	48	104	42	334
Buxa . . .	1	...	...	...	...	2	3	1	1	1	5	...	14
GROUP IV.—BEN- } GAL AND ORISSA }	76	30	29	7	17	26	43	55	105	167	223	90	868
B													
Dinapore . . .	6	...	...	...	3	4	1	...	...	4	1	6	25
Benares . . .	2	...	...	...	...	1	...	9	2	3	3	4	24
Allahabad . . .	14	19	5	9	13	4	6	9	22	48	24	11	184
Fyzabad . . .	4	6	2	3	6	...	3	2	5	54	50	8	143
Lucknow . . .	2	1	3	6	8	2	7	21	23	24	17	4	118
Cawnpore . . .	5	11	3	3	8	9	7	8	17	12	4	2	89
GROUP V.—GAN- } GETIC PLAIN } AND CHUTIA } NAGPUR.	33	37	13	21	38	20	24	49	69	145	99	35	583
A													
Bareilly . . .	...	1	...	...	2	2	2	1	4	11	31	6	60
Rurki . . .	1	2	1	1	...	1	...	...	2	2	...	...	10
Dehra Dun . . .	9	30	16	35	68	122	257	228	249	260	292	164	1,730
Meerut . . .	2	1	4	3	5	7	4	7	12	8	16	14	83
Delhi . . .	11	14	23	37	72	39	14	47	64	59	128	71	579
Ambala . . .	9	10	7	3	3	6	5	4	14	6	12	8	87
B													
Jullundur . . .	18	4	5	2	21	16	9	41	26	46	58	20	266
Ferozepore . . .	15	6	1	1	6	3	8	23	40	33	55	19	211
Lahore Cantonment .	7	4	2	...	4	7	4	4	25	21	5	6	89
Amritsar . . .	...	1	1	1	...	...	...	2	9	8	4	1	27
Sialkot . . .	59	26	11	19	25	12	12	13	48	41	30	75	371
Jhelum . . .	43	17	11	4	37	25	30	48	75	86	96	75	547
Rawalpindi . . .	28	22	12	17	28	37	24	62	92	87	42	31	482
Attock . . .	9	2	1	...	4	2	...	3	...	1	4	3	29
GROUP VI.—UPPER } SUB-HIMALAYA.	211	140	95	123	275	279	369	483	660	669	774	493	4,571

## TABLE XXXVI.

REMITTENT FEVER by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . .	...	1	1	1	...	1	...	...	...	...	...	...	4
Rangoon . . .	...	...	...	...	2	...	2	3	1	...	2	1	11
GROUP I.—BURMA } COAST AND BAY ISLANDS.	...	1	1	1	2	1	2	3	1	...	2	1	15
Fort Dufferin . .	...	...	...	...	...	...	...	...	...	...	3	...	3
Bhamo . . .	...	...	...	...	...	...	...	3	...	...	...	...	3
GROUP II.—BURMA } INLAND.	...	...	...	...	...	...	...	3	...	...	3	...	6
Manipur . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Sadiya . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh . . .	...	...	...	...	1	3	1	...	...	5	11	...	21
GROUP III.—ASSAM	...	...	...	...	1	3	1	...	...	5	11	...	21
Fort William . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore . . .	...	...	1	...	...	...	...	...	...	...	1	...	2
Barrackpore . .	1	...	...	...	...	...	...	...	...	...	...	...	1
Buxa . . .	...	...	...	...	...	...	1	...	...	...	...	...	1
GROUP IV.—BEN- } GAL AND ORISSA }	1	...	1	...	...	...	1	...	...	...	1	...	4
B													
Dinapore . . .	...	...	2	...	1	...	...	...	...	...	...	1	4
Benares . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Fyzabad . . .	...	...	...	...	...	...	...	...	...	...	1	...	1
Lucknow . . .	...	...	...	...	2	...	3	1	7	1	...	1	15
Cawnpore . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GAN- } GETIC PLAIN } AND CHUTIA } NAGPUR.	...	...	2	...	3	...	3	1	7	2	...	2	20
A													
Bareilly . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Rurki . . .	1	2	...	...	...	...	...	...	...	...	...	...	3
Dehra Dun . . .	...	...	...	1	1	...	...	...	2	...	2	3	9
Meerut . . .	...	1	...	...	1	1	...	...	...	...	...	...	3
Delhi . . .	...	...	1	...	...	...	...	...	...	...	...	...	1
Ambala . . .	...	...	2	1	...	1	3	...	...	1	...	...	8
B													
Jullundur . . .	...	...	...	1	1	...	2	...	...	...	34	...	38
Ferozepore . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore Cantonment .	...	...	1	1	3	4	2	...	...	1	...	...	12
Amritsar . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Sialkot . . .	...	...	...	...	...	...	10	1	...	...	...	...	11
Jhelum . . .	3	...	...	...	1	2	1	...	1	...	1	1	10
Rawalpindi . . .	3	...	1	1	...	...	...	...	...	...	...	...	5
Attock . . .	...	...	...	...	...	1	...	...	...	...	...	...	1
GROUP VI.—UPPER } SUB-HIMALAYA.	7	3	5	5	7	8	11	10	4	39	1	1	101

Stations where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



# NATIVE TROOPS, 1907.

## TABLE XXXV—continued.

INTERMITTENT FEVER by months, stations, groups, and armies.

## TABLE XXXVI—continued.

REMITTENT FEVER by months, stations, groups and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												TOTAL.	ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												TOTAL.
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.		January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	
<b>A</b>																										
Mardan . . . . .	7	3	1	1	4	11	7	11	49	132	106	38	370	...	...	...	...	...	...	...	...	...	...	...	...	...
Nowshera . . . . .	108	36	19	14	25	41	66	48	54	33	97	57	598	14	5	3	1	5	8	9	3	7	12	8	1	76
Peshawar . . . . .	152	32	15	16	29	84	90	47	145	288	256	92	1,246	...	...	1	1	2	...	1	2	...	2	1	...	10
Fort Jamrud . . . . .	5	3	3	2	4	7	12	2	2	9	1	...	50	...	...	...	...	...	1	...	...	...	1	...	...	2
Kohat . . . . .	176	74	29	33	65	173	153	64	199	190	204	111	1,471	1	...	...	...	2	3	...	...	...	1	...	...	7
Thal . . . . .	5	7	2	...	...	6	7	9	7	18	18	7	86	...	...	...	...	...	...	...	...	...	...	...	...	...
Edwardesabad . . . . .	237	85	45	36	44	59	115	57	118	153	269	205	1,423	...	2	1	...	...	...	...	1	...	...	...	...	4
Dera Ismail Khan . . . . .	303	84	86	78	154	140	73	62	137	213	166	223	1,719	...	...	...	1	2	...	3	3	...	1	...	3	13
Jatta . . . . .	6	...	...	3	1	7	...	2	6	5	6	5	41	1	...	...	...	...	...	...	...	...	...	...	...	1
Drazinda . . . . .	6	4	4	...	10	20	4	5	16	2	6	5	82	...	...	...	...	1	1	...	...	1	...	...	...	3
Fort Zam . . . . .	1	1	...	...	...	2	3	1	3	3	1	...	15	...	...	...	...	...	...	1	...	...	...	...	...	1
Multan . . . . .	27	14	2	5	13	14	40	7	78	46	25	11	282	...	...	...	...	3	1	...	...	...	...	...	...	5
<b>B</b>																										
Jandola . . . . .	8	1	3	5	5	6	1	7	28	25	8	13	110	...	...	1	...	...	...	2	3	2	...	...	...	8
Sibi . . . . .	2	2	3	4	11	1	2	...	1	3	11	3	43	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>C</b>																										
Jacobabad . . . . .	24	5	2	4	6	8	8	4	11	19	51	32	174	1	...	1	1	1	...	1	...	...	3	1	...	9
Hyderabad . . . . .	9	...	3	6	6	4	8	9	4	4	4	5	62	...	...	...	...	...	...	...	...	...	...	...	...	...
Karachi . . . . .	1	8	2	3	5	2	...	1	4	1	7	3	37	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP VII.—</b> NORTH-WEST-ERN FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJ- PUTANA.	1,077	359	219	210	382	585	589	336	862	1,144	1,236	810	7,809	17	7	7	4	16	14	15	12	11	15	14	7	139
<b>A</b>																										
Bhuj . . . . .	8	5	2	6	4	2	4	1	1	21	23	11	88	...	...	2	...	...	...	...	...	...	1	...	...	3
Rajkot . . . . .	9	2	2	1	2	2	4	11	15	24	15	11	98	...	...	...	...	1	...	1	...	1	3	4	3	13
Deesa . . . . .	45	7	4	3	4	8	4	15	14	46	36	26	212	...	...	...	...	...	...	...	...	...	...	...	...	...
Ahmedabad . . . . .	9	6	14	13	12	16	24	16	10	17	27	22	186	...	...	...	...	...	...	...	...	...	...	...	...	...
Baroda . . . . .	21	22	26	16	14	11	9	7	62	69	74	72	403	...	...	...	...	...	...	...	...	...	...	2	...	2
<b>B</b>																										
Alirajpore . . . . .	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Sirdarpore . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2	...	1	...	...	...	...	...	...	...	...	...	...	1
Kherwara . . . . .	3	2	3	...	2	2	...	2	3	2	1	2	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Kotra . . . . .	1	1	...	...	...	...	...	...	1	6	10	2	21	...	...	...	...	...	...	...	...	1	1	...	1	3
Udaipur . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Todgarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Erinpura . . . . .	5	1	...	2	1	1	10	7	10	22	22	5	86	...	...	...	...	...	...	...	...	...	...	...	...	...
Neemuch . . . . .	3	1	2	1	4	4	2	6	4	11	...	1	39	...	...	...	...	...	...	...	...	...	...	...	...	...
Deoli . . . . .	6	1	2	1	4	1	...	8	3	14	8	1	49	...	1	...	...	...	...	...	...	...	...	...	...	1
Beawar . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Nasirabad . . . . .	7	7	3	5	10	9	3	9	8	18	43	16	138	...	...	...	...	...	...	...	...	...	...	...	...	...
Ajmir . . . . .	...	1	...	5	3	1	1	1	4	63	9	2	90	...	...	...	...	1	...	...	...	...	...	...	...	1
Jaipur . . . . .	3	...	2	...	...	...	...	...	...	8	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Agra . . . . .	8	2	1	4	8	7	1	15	24	33	26	7	136	...	...	...	...	...	...	...	2	...	1	...	...	3
Jhansi . . . . .	113	27	26	38	96	66	73	86	112	150	130	97	1,019	...	...	...	...	1	1	...	1	...	...	...	...	3
Nowgong . . . . .	2	...	...	...	...	...	...	2	1	...	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Goona . . . . .	...	1	1	...	...	1	1	...	...	1	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Agar . . . . .	...	1	...	2	2	6	1	...	2	11	3	1	29	...	...	1	...	...	1	...	...	...	...	...	...	2
Sehore . . . . .	10	3	2	8	14	14	33	21	11	31	32	25	204	...	...	...	...	...	...	...	...	...	...	...	...	...
Indore . . . . .	3	...	1	...	...	...	1	1	...	1	1	3	11	...	...	...	1	...	...	...	...	...	...	...	...	1
Mhow . . . . .	31	17	42	29	43	25	41	37	25	76	53	35	454	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP VIII.—</b> SOUTH-EASTERN RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	292	108	133	135	224	176	212	245	310	624	514	341	3,314	...	2	3	1	3	1	2	3	3	5	5	6	34



STATIONS AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor . . . . .	15	13	8	12	21	24	16	16	20	43	22	20	230	...	...	...	...	...	...	...	...	...	...	...	...	...
Sutna . . . . .	1	...	...	...	...	1	...	1	...	...	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
Jubbulpore . . . . .	24	7	10	17	18	9	14	21	15	57	45	21	258	1	...	1	...	...	...	...	...	1	...	...	...	3
Kampti . . . . .	6	3	1	6	2	3	3	4	...	3	2	2	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitabaldi . . . . .	4	3	3	2	4	2	6	6	6	...	5	4	45	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Aurangabad . . . . .	12	5	9	7	3	3	7	14	12	23	22	20	137	...	...	...	5	...	...	...	3	2	...	...	...	10
Ahmednagar . . . . .	3	...	1	...	...	...	1	...	...	1	3	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Bolarum . . . . .	5	4	...	...	1	2	1	2	6	6	...	4	31	...	...	...	...	...	...	...	...	...	...	1	...	1
Secunderabad . . . . .	22	20	24	6	2	5	25	23	6	16	6	28	183	...	...	...	...	...	...	...	...	1	...	...	...	1
Belgaum . . . . .	36	12	16	8	26	16	7	12	5	14	6	3	161	1	1	...	...	...	...	...	...	...	...	...	...	2
Satara . . . . .	...	1	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Poona . . . . .	12	2	...	2	5	2	3	3	6	13	2	...	50	...	...	...	...	...	...	...	...	...	...	...	...	...
Kirkee . . . . .	13	10	8	7	9	19	8	3	7	21	28	10	143	...	...	...	...	1	...	...	1	...	...	...	...	2
Sirur . . . . .	...	3	2	1	2	5	2	6	2	...	...	...	23	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IX.—DECCAN	153	83	82	68	93	91	94	111	85	197	142	112	1,311	2	1	1	5	1	...	...	4	3	1	...	1	19
Bomhay . . . . .	19	15	11	8	3	11	20	15	25	44	22	30	232	...	...	...	...	...	...	...	...	...	...	...	...	...
Santa Cruz . . . . .	25	12	13	10	8	8	8	16	9	21	16	24	170	...	...	...	...	...	...	...	...	1	...	...	...	1
Cannanore . . . . .	...	...	1	...	...	1	1	...	...	1	2	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Trivandrum . . . . .	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP X.—WEST-ERN COAST . . }	46	27	25	18	11	20	38	31	34	66	40	56	412	...	...	...	...	...	...	...	...	1	...	...	...	1
A																										
Bellary . . . . .	8	6	3	7	3	1	2	2	...	9	7	10	58	...	1	...	...	...	...	1	...	...	...	...	...	2
Bangalore . . . . .	10	7	2	1	3	6	6	7	3	27	56	32	160	...	...	...	...	...	...	...	...	...	1	...	...	1
B																										
St. Thomas' Mount, Madras . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
	2	...	...	...	1	2	...	...	...	...	...	...	5	...	...	...	...	1	...	...	...	...	...	...	...	1
GROUP XI.—SOUTHERN INDIA. }	20	13	6	8	7	9	8	9	3	36	63	42	224	...	1	...	...	1	...	1	...	...	...	1	...	4
Maymyo . . . . .	16	12	14	9	25	20	26	17	9	42	17	18	225	...	4	2	8	1	1	...	1	1	1	2	4	25
Kohima . . . . .	1	5	2	...	...	4	8	3	1	2	2	1	29	...	...	...	...	...	...	1	...	...	...	...	...	1
Shillong . . . . .	37	4	9	13	16	20	12	15	13	32	16	32	219	...	...	...	...	...	...	...	...	1	...	...	...	2
Gangtok . . . . .	...	...	...	...	...	2	1	2	1	...	2	6	14	...	...	...	...	...	...	1	...	...	...	...	...	1
Chumbi (including Pharijong) . . . . .	...	...	...	...	1	1	1	1	1	...	1	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Gyantse . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Almora . . . . .	8	3	11	1	2	9	9	11	8	7	7	4	80	...	...	...	...	...	...	...	...	...	...	...	...	...
Naini Tal . . . . .	1	...	...	2	2	6	5	6	2	3	2	...	29	...	...	...	...	...	...	...	...	...	...	1	...	1
Lansdowne . . . . .	16	9	17	7	11	14	21	31	20	42	15	14	217	3	4	2	1	...	3	...	...	...	1	...	14	
Simla . . . . .	...	...	...	...	1	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Jutogh . . . . .	...	...	...	...	...	1	1	2	...	...	1	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Dharmasala . . . . .	13	8	5	12	11	12	7	7	4	6	9	8	102	...	1	...	...	...	1	...	2	...	...	...	...	4
Bakloh . . . . .	9	6	5	9	14	8	20	23	36	27	12	38	207	...	...	1	4	5	3	8	7	7	9	...	...	44
Murree . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Khairagali . . . . .	...	...	...	...	...	1	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Baragali . . . . .	...	...	...	...	...	...	1	...	2	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Kalabagh . . . . .	...	...	...	...	...	1	1	4	...	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Chitral . . . . .	2	1	1	1	1	4	2	1	3	1	4	4	25	...	...	...	1	...	1	...	...	...	...	...	...	2
Kila Dosh . . . . .	6	3	3	13	9	2	6	8	13	17	7	4	91	...	1	...	...	...	...	...	...	...	...	...	...	1
Malakand . . . . .	45	26	26	30	73	30	18	17	17	3	15	5	305	1	...	...	1	...	...	...	...	...	...	...	...	2
Dargai . . . . .	7	1	1	2	1	4	1	4	17	25	18	14	95	...	...	...	...	...	...	...	...	...	...	...	...	1
Chakdara . . . . .	1	...	1	1	1	7	9	23	38	47	36	2	166	...	...	...	...	...	...	...	...	...	...	...	...	...
Abbottabad . . . . .	153	71	59	71	67	99	145	175	267	316	121	134	1,678	4	...	...	...	1	...	1	2	...	...	...	...	3
Cherat . . . . .	...	...	...	...	...	5	2	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Fort Lockhart . . . . .	2	2	2	2	8	12	11	15	20	16	7	1	98	...	...	...	...	...	...	3	1	1	...	...	...	5
Hangu . . . . .	4	2	3	1	2	2	5	21	37	58	33	7	175	...	...	...	1	2	...	1	...	...	...	...	...	4



# NATIVE TROOPS, 1907.

TABLE XXXV—continued.

INTERMITTENT FEVER by months, stations, groups, and armies.

TABLE XXXVI—continued.

REMITTENT FEVER by months, stations, groups, and armies.

STATIONS, GROUPS, AND ARMIES.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mir Ali Khel .	8	2	1	6	10	27	21	7	10	8	4	2	106	...	...	...	...	...	...	2	...	...	...	...	...	2
Fort Sandeman .	33	10	2	5	14	32	85	50	29	1	10	8	279	...	1	...	1	1	1	2	...	...	...	...	...	6
Hindu Bagh .	...	...	...	...	...	...	1	9	6	2	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Musa Khel .	...	...	...	...	1	3	3	5	8	4	2	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Kila Saifulla .	...	...	1	...	...	...	1	1	7	2	1	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Murgha .	...	...	...	...	...	...	...	5	5	4	1	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Loralai .	10	12	7	10	14	5	10	6	14	...	6	1	95	...	...	...	...	2	1	...	...	...	...	...	...	...
Gumbaz .	...	3	...	...	...	...	2	...	1	...	...	...	6	1	...	...	...	...	...	...	...	...	...	...	...	1
Quetta .	53	28	19	19	28	33	48	82	64	46	26	15	461	...	...	...	...	1	...	...	...	...	3	...	...	4
Pishin .	...	...	...	...	...	...	...	2	5	2	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Shelabagh .	2	...	1	2	3	4	4	4	3	2	1	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Spinwana .	...	1	1	...	1	...	...	2	4	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Chaman .	1	1	...	1	2	4	10	5	11	3	5	3	46	...	...	...	...	...	...	...	...	...	...	...	...	...
Mount Abu .	1	3	...	...	...	...	3	...	4	9	6	...	26	...	...	...	...	...	...	...	...	...	...	...	...	...
Ootacamund .	1	...	2	1	1	1	2	3	1	3	3	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Camp Lovedale .	...	1	...	...	...	...	...	...	...	1	1	3	6	...	...	1	...	...	...	...	...	...	...	1	...	2
GROUP XII.—HILL STATIONS	430	214	193	218	320	373	503	569	681	731	391	324	4,947	9	11	6	17	13	11	19	13	10	15	4	6	134
Marching, India	291	81	14	6	35	76	71	24	75	172	126	159	1,130	1	1	...	2	...	1	6	...	...	2	2	13	28
Agra Concentration*	68	17	...	...	...	...	...	...	...	...	...	...	85	1	1	...	...	...	...	...	...	...	...	...	...	2
EXTRA INDIA.																										
(a) In the Indian Command :—																										
Chabbar .	4	3	...	...	...	...	...	...	1	2	5	7	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Jask .	...	2	1	...	2	1	1	1	2	3	1	3	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Muscat .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Aden .	91	38	34	21	41	52	29	17	13	36	10	12	394	...	...	...	2	...	...	...	...	...	...	...	...	2
D' thalla .	16	13	9	4	6	6	7	7	12	2	...	...	82	...	...	...	...	...	...	...	...	...	...	...	...	...
Suleik .	3	3	3	2	1	2	...	1	10	...	...	...	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Nobat Dakin .	3	4	2	...	2	1	1	...	...	...	...	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Khormaksar .	7	2	2	3	5	2	2	...	1	5	5	1	35	...	...	...	...	...	...	...	...	...	...	...	...	...
Sheikh Othman .	...	...	...	1	...	1	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
(b) Not in the Indian Command :—																										
Colombo (Ceylon) .	2	...	4	1	1	1	1	2	...	...	4	2	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Singapore .	2	3	2	3	2	3	9	12	10	7	8	9	70	...	...	...	...	...	...	...	...	...	...	...	...	...
North China { Tien-tsin .	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
China { Shan-hai-Kwan .	2	...	...	...	2	1	3	1	1	2	1	...	13	...	...	...	...	...	...	...	...	...	...	...	...	...
China { Tongshan .	...	1	...	...	4	2	2	1	...	1	1	2	14	...	...	...	...	...	...	...	1	1	...	...	...	2
Hong Kong (South China) .	34	16	18	22	70	105	22	19	61	32	300	160	859	...	...	...	...	...	...	...	...	...	16	18	34	
ARMY OF INDIA	2,949	1,226	920	922	1,644	1,935	2,178	2,051	3,055	4,174	4,066	2,735	27,865	39	28	26	37	47	39	61	50	40	85	60	55	567
NORTHERN ARMY	1,732	713	498	531	952	1,166	1,320	1,320	2,225	2,806	2,648	1,696	17,607	32	16	17	16	34	33	45	37	31	71	26	11	369
SOUTHERN ARMY	818	395	384	359	578	581	750	672	692	1,154	978	707	8,068	4	10	9	19	13	5	10	12	8	12	16	13	131



NATIVE TROOPS, 1907.

TABLE XXXVII.

PNEUMONIA by months, stations, groups, and armies.

TABLE XXXVIII.

DYSENTERY by months, stations, groups, and armies.

STATIONS* AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Port Blair . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	...	...	3
Rangoon . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	8	4	3	3	...	1	4	3	1	27
GROUP I.—BURMA COAST AND BAY ISLANDS . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	8	5	4	4	...	1	4	3	1	30
Meiktila . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	1	1	1	1	3	1	...	...	8
Fort Dufferin . . . . .	...	1	...	1	1	...	1	1	...	...	...	4	9	...	...	...	...	2	4	2	2	1	1	5	1	20
Bhamo . . . . .	...	...	...	...	...	...	...	...	...	1	1	...	2	...	3	...	2	...	1	1	7	9	5	2	1	31
GROUP II.—BURMA INLAND . . . . .	...	1	...	1	3	...	1	1	...	1	1	4	13	2	3	...	2	3	6	4	10	13	7	7	2	59
Manipur . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	2	1	1	1	1	2	2	1	3	1	2	4	1	20
Dibrugarh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	1	...	...	...	4
GROUP III.—ASSAM . . . . .	...	...	...	...	...	...	1	...	...	...	...	1	2	4	1	1	1	2	2	1	3	2	2	4	1	24
Fort William . . . . .	1	...	...	1	...	1	...	...	...	...	...	...	3	...	2	...	1	...	...	3	2	2	4	...	2	16
Alipore . . . . .	1	...	1	...	...	...	...	...	...	...	...	3	5	...	1	4	1	4	...	1	3	...	2	1	1	18
Barrackpore . . . . .	3	...	...	1	...	...	...	...	1	...	1	...	6	4	1	1	...	3	1	15	18	5	4	8	15	75
Buxa . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	2
GROUP IV.—BENGAL AND ORISSA . . . . .	5	...	1	2	...	1	...	...	1	1	1	3	15	4	4	5	2	7	2	20	23	7	10	9	18	111
B																										
Dinapore . . . . .	1	...	...	...	...	...	...	...	...	2	...	...	3	...	...	1	2	...	1	2	2	1	2	1	...	12
Benares . . . . .	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	1	2	1	4	4	1	16
Allahabad . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3	3	4	4	5	6	4	1	4	10	10	2	66	
Fyzabad . . . . .	1	...	1	...	...	...	...	2	1	2	4	4	15	...	2	2	2	1	...	1	1	1	7	11	9	37
Lucknow . . . . .	1	1	1	...	...	...	...	1	1	1	8	3	17	...	2	1	4	4	1	1	3	1	7	6	7	37
Cawnpore . . . . .	1	1	...	...	...	...	...	...	1	1	3	2	9	2	...	1	1	3	5	2	...	2	3	4	4	27
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR . . . . .	4	2	2	...	...	...	...	3	3	6	16	14	50	5	8	9	14	17	11	8	12	19	33	36	23	195
A																										
Bareilly . . . . .	...	1	1	...	...	...	...	...	...	...	...	1	3	...	1	1	...	1	2	2	3	6	4	2	2	24
Rurki . . . . .	...	...	...	...	...	1	...	...	...	1	2	2	6	...	...	...	1	...	...	...	1	1	...	...	...	4
Dehra Dun . . . . .	5	6	2	2	...	...	1	...	3	2	4	12	37	1	1	1	2	7	4	4	9	4	6	5	1	45
Meerut . . . . .	...	1	2	1	...	...	1	...	...	2	2	17	24	1	2	2	1	5	4	2	...	6	3	7	4	37
Delhi . . . . .	4	4	...	1	1	1	...	...	1	1	6	6	25	...	4	2	1	1	2	2	3	6	3	6	2	32
Ambala . . . . .	4	2	1	...	...	...	...	...	...	...	...	1	8	...	5	1	...	5	3	...	1	2	8	4	3	32
B																										
Jullundur . . . . .	1	3	...	...	...	...	...	1	...	1	6	5	17	...	1	1	1	2	2	2	4	3	4	1	3	24
Ferozepore . . . . .	3	1	...	...	...	...	1	1	...	1	1	1	9	...	...	...	1	1	...	1	2	2	2	6	2	17
Lahore Cantonment . . . . .	1	2	5	3	1	...	...	...	...	2	2	10	26	3	...	...	2	2	3	4	2	8	14	4	3	45
Amritsar . . . . .	...	...	1	...	1	...	...	...	...	...	...	1	3	1	...	...	...	...	...	...	...	1	...	...	1	3
Sialkot . . . . .	3	2	2	1	...	...	...	...	...	1	1	10	20	2	2	1	3	5	5	...	...	6	10	5	3	42
Jhelum . . . . .	9	4	1	3	...	...	...	1	1	...	5	11	35	4	1	...	1	8	2	2	1	2	4	3	4	32
Rawalpindi . . . . .	3	6	1	2	...	...	...	...	...	1	4	9	26	1	...	4	3	7	2	2	1	2	4	9	21	56
Attock . . . . .	1	...	...	...	...	...	...	1	...	...	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA . . . . .	34	32	16	13	3	2	3	4	5	10	33	87	242	13	17	13	16	44	29	21	27	49	63	52	49	393

\* Stations where neither Pneumonia nor Dysentery occurred are not shown in these tables. For the annual ratios, see Table XXVIII.



# NATIVE TROOPS, 1907.

TABLE XXXVII—*continued.*

*PNEUMONIA by months, stations, groups, and armies.*

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A													
Mardan . . . . .	4	...	3	2	...	...	...	...	...	2	1	14	26
Nowshera . . . . .	19	7	7	...	5	...	1	...	2	...	4	11	56
Peshawar . . . . .	19	9	2	1	3	2	1	1	...	1	5	11	55
Fort Jamrud . . . . .	2	2	...	...	...	...	...	...	...	...	...	...	4
Kohat . . . . .	10	12	7	...	3	...	1	1	2	2	27	21	86
Thal . . . . .	...	1	...	1	...	...	...	...	...	...	...	...	2
Edwardesabad . . . . .	5	4	8	3	3	2	1	2	...	4	12	9	53
Dera Ismail Khan . . . . .	7	9	8	2	3	...	2	1	1	4	7	17	61
Jatta . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1
Drazinda . . . . .	1	2	...	...	...	...	...	...	...	...	...	...	3
Fort Zam . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Multan . . . . .	7	3	1	...	1	1	...	...	2	...	9	13	37

## B

[illegible]

## C

Jacobabad	.	.	.	.	3	1	5	...	1	...	...	...	...	...	...	3	13
Hyderabad	.	.	.	.	1	1	...	...	...	...	...	...	...	...	2	2	6
Karachi	.	.	.	.	...	2	...	1	...	...	1	2	...	...	1	...	7

GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND NORTH-WESTERN RAJPUTANA . . .

[illegible]

## A

Bhuj	.	.	.	.	...	...	...	...	...	...	...	...	...	...	...	...
Rajkot	.	.	.	.	...	...	...	...	...	...	...	...	...	1	...	1
Deesa	.	.	.	.	5	4	1	1	1	...	...	...	...	5	6	23
Ahmedabad	.	.	.	.	...	1	1	...	...	...	2	...	...	1	...	5
Baroda	.	.	.	.	...	5	2	...	1	...	...	...	...	1	...	9

## B

Alirajpore	.	.	.	.	1	1	...	...	...	...	...	...	...	...	...	...	2
Sirdarpore	.	.	.	.	...	...	...	...	...	...	1	1	...	...	...	...	2
Kherwara	.	.	.	.	...	1	...	...	...	...	...	...	...	2	...	...	3
Kotra	.	.	.	.	...	...	...	...	...	...	2	...	...	...	...	...	2
Todgarh	.	.	.	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Erinpura	.	.	.	.	...	...	...	1	1	...	...	...	1	1	1	...	5
Neemuch	.	.	.	.	3	1	...	...	...	...	...	...	...	2	5	...	11
Deoli	.	.	.	.	1	1	...	...	...	...	...	...	...	3	4	...	9
Nasirabad	.	.	.	.	...	...	...	1	1	...	...	1	...	...	...	...	3
Ajmir	.	.	.	.	...	4	1	1	...	...	1	...	2	1	3	...	13
Jaipur	.	.	.	.	...	...	1	...	...	...	...	...	...	...	2	...	3
Agra	.	.	.	.	3	2	...	...	1	...	...	...	...	1	1	...	8
Jhansi	.	.	.	.	4	3	1	...	2	...	2	...	...	5	3	7	27
Nowgong	.	.	.	.	...	...	...	...	...	...	...	...	...	...	...	...	...
Goona	.	.	.	.	...	...	...	...	...	...	...	1	1	...	2	...	4
Agar	.	.	.	.	3	...	1	...	...	...	...	...	...	2	1	...	7
Sehore	.	.	.	.	...	...	...	...	...	...	...	...	...	...	1	...	1
Indore	.	.	.	.	...	...	...	...	...	...	...	...	...	1	...	...	1
Mhow	.	.	.	.	...	2	...	...	1	...	...	...	...	...	1	...	4

GROUP VIII.—SOUTH-EAST-  
ERN RAJPUTANA, CENTRAL  
INDIA, AND GUJARAT .

[illegible]

## A

[illegible]

TABLE XXXVIII—*continued.*

*DYSENTERY by months, stations, groups, and  
armies.*

ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
...	...	...	...	2	...	...	1	4	4	3	1	15
5	2	2	2	3	7	7	6	20	10	22	19	110
20	8	5	4	10	4	8	21	21	11	25	10	147
2	...	...	...	1	...	...	1	1	6	1	...	12
16	9	2	4	6	11	6	11	7	16	12	13	113
...	...	...	1	..	1	...	...	1	1	2	...	6
38	16	6	3	4	13	5	6	9	11	18	15	144
18	10	5	4	8	5	4	12	19	14	7	9	115
1	...	...	...	...	1	1	...	...	...	1	1	5
1	...	1	...	1	...	1	...	...	1	...	...	5
2	1	...	...	...	3	...	...	1	...	...	...	7
5	3	2	...	5	4	3	4	7	7	9	4	53

NATIVE TROOPS, 1907.

TABLE XXXVII—continued.

PNEUMONIA by months, stations, groups, and armies.

TABLE XXXVIII—continued.

DYSENTERY by months, stations, groups, and armies.

STATIONS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
B																											
Aurangabad . . . . .	3	3	1	...	1	...	...	...	2	2	1	...	13	1	...	1	2	...	4	4	4	2	2	2	2	24	
Ahmednagar . . . . .	...	2	7	1	...	2	...	...	...	...	1	...	13	5	2	1	...	6	...	1	...	...	...	...	...	15	
Bolarum . . . . .	1	...	...	...	1	...	...	...	...	1	3	...	6	10	4	3	1	...	1	2	12	11	6	3	9	62	
Secunderabad . . . . .	1	4	...	1	1	1	1	...	...	...	1	4	14	19	16	11	1	1	10	8	7	2	3	2	1	81	
Belgaum . . . . .	1	...	...	...	1	1	1	...	...	...	...	1	5	1	10	1	9	7	42	6	5	...	4	4	1	90	
Satara . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	
Poona . . . . .	6	2	...	...	...	...	...	...	...	2	...	...	10	5	1	7	4	4	3	5	6	9	2	2	5	53	
Kirkee . . . . .	1	1	...	1	2	1	...	...	1	...	...	...	7	4	1	...	...	1	...	...	3	2	...	1	4	16	
Sirur . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	3	4	2	3	...	...	...	...	14	
GROUP IX.—DECCAN																											
	21	17	12	4	6	7	3	3	6	7	13	11	110	58	52	43	36	45	77	38	59	37	29	40	35	549	
Bombay . . . . .	1	2	3	...	...	1	1	2	...	1	...	...	11	14	9	1	6	2	...	1	5	4	2	4	3	51	
Santa Cruz . . . . .	...	...	1	1	1	...	1	...	1	1	...	...	6	13	2	2	5	7	3	3	12	5	4	7	3	66	
Cannanore . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	2	
Trivandrum . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	1	...	...	...	...	...	...	2	
GROUP X.—WESTERN COAST																											
	1	2	4	1	1	1	2	2	1	3	...	...	18	28	11	3	11	10	4	5	17	9	6	11	6	121	
A																											
Bellary . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	2	1	...	1	1	4	12	
Bangalore . . . . .	...	1	4	1	1	1	1	...	1	...	5	4	19	5	8	1	2	5	3	3	...	...	1	4	7	39	
B																											
Trichinopoly . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	1	1	...	1	...	...	...	...	...	1	...	...	4	
St. Thomas' Mount . . . . .	2	...	...	2	...	...	...	...	...	...	...	...	4	...	...	...	...	2	...	...	...	1	1	...	1	5	
Madras . . . . .	...	...	1	1	...	1	...	...	...	...	...	...	3	1	...	1	...	...	...	1	...	2	...	3	2	11	
GROUP XI.—SOUTHERN INDIA																											
	2	1	5	4	1	2	1	...	1	...	5	5	27	7	9	2	5	7	5	6	1	3	3	9	14	71	



# NATIVE TROOPS, 1907.

## TABLE XXXVII—continued.

PNEUMONIA by months, stations, groups, and armies.

## TABLE XXXVIII—continued.

DYSENTERY by months, stations, groups, and armies.

STATIONS, GROUPS, AND ARMIES.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.													ADMISSIONS FROM DYSENTERY IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Murgha . . . . .	..	..	..	..	..	..	..	..	..	..	2	1	3	..	..	..	..	..	1	..	..	1	..	..	..	2
Loralai . . . . .	2	3	3	1	3	..	..	..	..	..	2	1	15	1	1	1	2	2	1	1	7	1	4	6	..	27
Quetta . . . . .	6	8	5	5	..	2	2	2	4	16	13	12	75	5	3	2	4	20	19	23	34	66	51	18	3	248
Pishin . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	
Shelabagh . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	2	
Chaman . . . . .	..	..	..	..	1	..	1	..	2	..	1	..	5	..	1	..	2	3	4	3	3	7	3	2	28	
Mount Abu . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	
Ootacamund . . . . .	..	2	2	1	1	..	..	..	..	1	1	..	8	..	..	1	..	..	..	1	2	3	..	..	7	
Camp Lovedale . . . . .	..	..	3	..	..	..	..	..	..	..	..	..	3	..	1	..	1	..	..	..	..	..	1	2	5	
GROUP XII.—HILL STATIONS	35	42	32	28	16	11	11	6	16	28	82	74	381	32	35	31	30	75	84	99	91	136	99	91	41	844
Marching, India . . . . .	20	14	4	1	2	1	..	..	..	11	19	42	114	41	28	3	3	18	28	20	21	28	67	30	33	320
Agra Concentration . . . . .	9	4	..	..	..	..	..	..	..	..	..	..	13	12	2	..	..	..	..	..	..	..	..	..	..	14
EXTRA INDIA.																										
(a) In the Indian Com-																										
mand:—																										
Chabbar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	
Jask . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	10	2	12	
Bushire . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	
Aden . . . . .	2	1	..	1	..	..	..	2	..	..	..	..	6	5	13	7	4	5	5	4	11	8	14	31	6	113
Dthalla . . . . .	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	1	
Suleik . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	2	
Nobat Dakin . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	1	1	1	..	..	..	5	
Khormaksar . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2	1	..	5	
Sheikh Othman . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	2	
Perim . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2	1	1	5	
(b) Not in the Indian Com-																										
mand:—																										
Colombo (Ceylon) . . . . .	..	..	1	..	..	..	..	..	..	1	..	..	2	1	..	..	2	..	1	3	2	5	..	1	2	17
Singapore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	6	2	3	7	8	9	8	7	9	4	6	1	70
Tien-tsin . . . . .	..	..	2	1	..	..	..	..	..	..	..	1	4	..	..	..	..	..	..	..	..	..	..	..	..	..
Lutai . . . . .	2	2	..	..	..	..	..	..	..	..	..	..	4	..	1	..	..	..	..	..	..	..	..	..	..	1
Shan-hai-Kwan } North China	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	6	4	1	..	..	16
Tongshan . . . . .	..	..	..	..	..	..	1	..	..	..	1	..	2	..	..	..	..	1	2	1	..	..	2	1	..	7
Hong Kong (South China) . . . . .	4	..	..	..	..	..	..	..	..	1	..	..	5	12	3	3	3	7	10	6	12	15	6	11	6	94
ARMY OF INDIA . . . . .	240	194	131	70	61	30	32	34	43	92	263	377	1,567	373	270	163	176	328	346	313	409	511	483	501	361	4,234
NORTHERN ARMY . . . . .	146	114	73	44	32	17	18	15	26	42	158	257	942	153	92	71	66	162	152	151	177	224	223	251	192	1,914
SOUTHERN „ . . . . .	59	60	51	24	27	12	13	19	17	37	85	77	481	148	141	83	95	132	144	120	184	226	180	201	127	1,781

### III—PRISONERS, 1907.







PRISONERS, 1907.

TABLE XL.

RATIOS of ADMINISTRATIONS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.												
	Burma.	Eastern Bengal and Assam.	Bengal.	United Provinces.	Punjab.	N.-W.F. Province.	Central Provinces.	Bombay.	Madras.	India.*	Andamans.	India.†
I.—AVERAGE ANNUAL STRENGTH	13,721	7,310	14,408	23,887	11,154	1,183	3,241	7,537	10,166	93,264	14,411	107,675
II.—CONSTANTLY SICK RATE OF EACH MONTH—												
January . . . . .	13'8	39'8	34'4	26'1	32'1	29'9	15'0	37'9	20'7	27'3	67'6	32'8
February . . . . .	14'6	39'0	33'7	24'4	31'9	29'2	13'3	33'6	19'4	26'2	68'6	32'0
March . . . . .	14'3	38'0	33'2	25'0	31'1	27'7	12'5	33'5	17'2	25'8	72'1	32'2
April . . . . .	14'9	31'8	34'7	25'6	28'8	29'5	13'5	29'9	15'8	25'1	74'7	32'0
May . . . . .	12'3	33'6	36'1	25'7	30'1	30'9	16'3	27'2	21'5	25'9	76'0	32'8
June . . . . .	12'5	36'6	35'0	26'6	31'8	35'5	15'9	27'8	16'6	26'0	85'3	34'0
July . . . . .	14'6	38'9	35'8	27'8	30'9	41'3	15'1	27'3	17'0	26'8	84'4	34'5
August . . . . .	14'0	39'7	38'0	30'0	30'0	41'9	21'0	31'1	19'0	28'4	77'2	34'8
September . . . . .	14'1	39'4	37'5	33'4	30'1	36'6	26'1	32'3	18'6	29'3	80'2	35'0
October . . . . .	14'3	39'1	36'4	31'4	28'8	42'1	27'3	35'8	18'9	28'8	80'9	35'6
November . . . . .	13'9	39'8	35'0	31'4	28'4	39'9	22'6	35'4	18'3	28'2	82'4	35'3
December . . . . .	12'7	34'3	36'9	35'0	29'8	32'9	17'9	31'1	21'4	28'8	85'4	36'1
OF THE YEAR	13'8	37'5	35'6	28'6	30'3	35'0	18'1	31'9	18'7	27'3	77'9	34'0
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	35'3	34'2	...	30'2	35'0	18'0	28'7	17'9	26'5	...	33'1
III.—ADMISSION RATE OF THE YEAR—												
Influenza . . . . .	6	36'0	2	4'6	2'3	6'8	10'2	3	...	4'9	1'1	4'4
Cholera . . . . .	4	2'2	6	1	...	...	...	1	10'4	1'5	1	1'3
Small-pox . . . . .	1	1'0	2'0	1'0	2	...	3	...	1	7	...	6
Enteric Fever . . . . .	1	4	1	2	1'1	2'5	9	7	3'0	7	...	6
Intermittent Fever . . . . .	36'4	255'5	344'7	199'8	231'5	430'3	157'1	177'5	57'2	190'2	1,318'6	341'2
Remittent Fever . . . . .	5	1'4	2'0	1'2	5	...	3'4	3	7	1'1	1'0	1'1
Simple Continued Fever . . . . .	13'9	...	1'8	5'5	2'5	...	3	1'7	8'7	5'1	22'6	7'5
Tubercle of the lungs . . . . .	4'9	10'4	12'5	5'4	10'6	8'5	4'0	5'8	6'5	7'5	8'2	7'6
Pneumonia . . . . .	2'3	7'3	10'5	15'6	19'3	24'5	5'9	19'8	4'8	11'5	13'9	11'8
Other Respiratory Diseases . . . . .	7'1	21'3	34'3	22'9	51'6	44'0	19'7	52'5	17'0	27'5	54'3	31'1
Dysentery . . . . .	20'0	215'3	143'2	36'5	33'2	87'9	33'9	44'8	57'2	67'9	109'8	73'5
Diarrhœa . . . . .	7'1	75'6	71'9	23'4	34'0	103'1	29'9	37'0	6'0	34'4	31'2	34'0
Spleen Diseases . . . . .	1	...	6	1'0	1	4'2	...	4'5	...	8	3	7
Scurvy . . . . .	4	3	6	1	6	...	2'2	3'8	...	7	4'2	1'1
Anæmia and Debility . . . . .	2'3	21'8	12'6	10'6	15'2	13'5	13'3	11'3	9'9	11'2	...	9'7
Abscess, Ulcer, and Boil . . . . .	50'2	37'6	58'4	92'8	103'6	244'3	59'9	79'7	24'5	70'5	87'8	72'8
ALL CAUSES	255'5	860'5	938'2	602'9	706'8	1,208'8	525'8	693'0	375'6	623'8	1,902'7	795'0
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	837'1	922'0	...	707'6	1,264'1	523'5	667'8	456'9	628'4	...	790'8
IV.—DEATH RATE OF THE YEAR—												
Cholera . . . . .	22	96	35	04	...	...	...	...	3'84	59	07	52
Small-pox . . . . .	...	14	28	04	...	...	...	...	...	06	...	06
Enteric Fever . . . . .	07	41	07	08	27	...	...	...	...	20	...	18
Intermittent Fever . . . . .	22	2'33	90	88	45	...	31	53	98	79	1'67	91
Remittent Fever . . . . .	15	27	14	...	27	...	93	...	20	15	56	20
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	15	07	01
Tubercle of the lungs . . . . .	3'06	3'97	3'12	1'67	3'86	3'38	2'47	2'52	2'46	2'74	5'20	3'07
Pneumonia . . . . .	80	2'87	2'64	3'43	4'03	5'92	93	5'84	1'87	2'90	4'30	3'08
Other Respiratory Diseases . . . . .	44	96	62	96	54	...	62	1'46	2'0	73	90	75
Dysentery . . . . .	73	7'25	2'85	1'93	2'06	3'38	4'32	1'86	2'85	2'57	3'12	2'65
Diarrhœa . . . . .	29	1'23	35	1'05	1'34	85	62	1'59	1'10	80	69	7'9
Hepatic Abscess . . . . .	22	14	07	13	...	...	...	...	1'0	1'0	...	08
Anæmia and Debility . . . . .	22	68	42	17	90	...	93	93	30	45	...	39
Phagedæna, Slough, and Gangrene . . . . .	...	...	07	08	09	...	...	...	...	04	...	04
ALL CAUSES	11'88	29'55	16'94	15'03	19'81	17'75	19'44	20'96	18'79	17'72	23'59	18'51
INCLUDING SUBSIDIARY JAILS AND LOCK-UPS . . . . .	...	28'40	17'55	...	19'70	18'74	19'20	20'32	18'35	17'76	...	18'50
V.—PERCENTAGE IN 100 ADMISSIONS—												
Influenza . . . . .	23	4'18	02	77	33	56	1'94	04	...	78	06	55
Cholera . . . . .	14	25	07	02	...	...	...	02	2'78	24	09	16
Small-pox . . . . .	06	11	21	16	03	...	06	...	03	11	...	08
Enteric Fever . . . . .	03	05	01	03	15	21	18	10	81	11	...	08
Intermittent Fever . . . . .	14'26	29'70	36'74	33'15	32'75	35'59	29'87	25'62	15'24	30'49	69'30	42'93
Remittent Fever . . . . .	20	16	21	19	08	...	65	04	18	17	05	13
Simple Continued Fever . . . . .	5'45	...	19	91	36	...	06	25	2'30	82	1'19	94
Tubercle of the lungs . . . . .	1'91	1'21	1'33	89	1'50	70	76	84	1'73	1'21	43	96
Pneumonia . . . . .	91	84	1'12	2'58	2'73	2'03	1'12	2'85	1'28	1'85	73	1'49
Other Respiratory Diseases . . . . .	2'77	2'48	3'65	3'80	7'31	3'64	3'76	7'58	4'53	4'42	2'86	3'01
Dysentery . . . . .	7'84	25'02	15'26	6'05	4'69	7'27	6'46	6'47	15'24	10'88	5'77	9'24
Diarrhœa . . . . .	2'80	8'79	7'66	3'89	4'81	8'53	5'69	5'34	1'60	5'51	1'64	4'27
Spleen Diseases . . . . .	03	...	07	17	01	35	...	65	...	13	02	09
Scurvy . . . . .	14	03	07	02	09	...	41	56	...	11	22	14
Anæmia and Debility . . . . .	91	2'53	1'35	1'76	2'14	1'12	2'52	1'63	2'65	1'80	...	1'22
Abscess, Ulcer, and Boil . . . . .	19'65	4'37	6'23	15'40	14'66	20'21	11'38	11'51	6'52	11'30	4'62	9'16
VI.—PERCENTAGE IN 100 DEATHS—												
Cholera . . . . .	1'8	3'2	2'0	3	...	...	...	...	20'4	3'3	3	2'8
Small-pox . . . . .	...	5	1'6	3	...	...	...	...	...	4	...	3
Enteric Fever . . . . .	6	1'4	4	6	1'4	...	...	6	4'2	1'1	...	1'0
Intermittent Fever . . . . .	1'8	7'9	5'3	5'8	2'3	...	1'6	2'5	5'2	4'5	7'1	4'9
Remittent Fever . . . . .	1'2	9	8	...	1'4	...	4'8	...	1'0	8	2'4	1'1
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	3	1
Tubercle of the lungs . . . . .	25'8	13'4	18'4	11'1	19'5	19'0	12'7	12'0	13'1	15'6	22'1	16'6
Pneumonia . . . . .	6'7	9'7	15'6	22'8	20'4	33'3	4'8	27'8	9'9	16'4	18'2	16'7
Other Respiratory Diseases . . . . .	3'7	3'2	3'7	6'4	2'7	...	3'2	7'0	1'0	4'1	3'8	4'1
Dysentery . . . . .	6'1	24'5	16'8	12'8	10'4	19'0	22'2	8'9	15'2	14'6	13'2	14'3
Diarrhœa . . . . .	2'5	4'2	2'0	7'0	6'8	4'8	3'2	7'6	5	4'5	2'9	4'3
Hepatic Abscess . . . . .	1'8	5	4	8	...	...	...	...	5	5	...	5
Anæmia and Debility . . . . .	1'8	2'3	2'5	1'1	4'5	...	4'8	4'4	1'6	2'5	...	2'1
Phagedæna, Slough, and Gangrene . . . . .	...	...	4	6	5	...	...	...	...	2	...	2

\* Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and excluding Andamans.  
† Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and Andamans.

For complete detail of diseases, see Table LIII.



# PRISONERS, 1907.

## TABLE XLI.

### RATIOS of GEOGRAPHICAL GROUPS.

The ratios of admissions and deaths to strength are taken from Table XLII.

The actuals will be found in Table XLIII.

RATIOS PER 1,000 OF THE AVERAGE STRENGTH.													
	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	India.*
	Burma Coast and Bay Islands.	Burma Inland.	Assam.	Bengal and Orissa.	Gange-tic Plain and Chutia Nagpur.	Upper Sub-Himalaya.	N.-W. Frontier, Indus Valley, and N.-W. Rajputana.	S.-E. Rajputana, Central India, and Gujarat.	Decan.	West-ern Coast.	South-ern India.	Hills.	
I.—AVERAGE ANNUAL STRENGTH . . . . .	9,728	3,993	1,545	12,670	22,646	11,880	7,958	4,206	6,563	2,290	9,106	608	93,264
II.—CONSTANTLY SICK RATE OF EACH MONTH—													
January . . . . .	13'5	14'6	24'8	42'7	23'6	33'3	33'0	31'8	26'8	28'4	21'4	25'4	27'3
February . . . . .	13'9	16'5	25'7	41'8	22'7	30'5	33'4	30'3	24'1	21'8	20'1	25'5	26'2
March . . . . .	13'2	17'0	31'6	40'0	23'0	30'3	31'5	30'3	24'6	25'2	17'7	20'0	25'8
April . . . . .	13'8	17'8	22'9	35'7	24'9	30'0	28'1	31'1	24'7	20'5	16'6	22'7	25'1
May . . . . .	12'3	12'4	26'0	37'5	25'0	31'2	28'7	32'6	23'4	20'4	22'4	23'2	25'9
June . . . . .	12'2	13'2	29'1	40'5	24'2	31'4	31'0	31'2	26'4	19'3	16'7	28'3	26'0
July . . . . .	15'0	13'5	27'1	43'8	25'1	29'2	32'1	34'1	24'1	26'5	16'3	26'9	26'8
August . . . . .	14'3	13'5	27'5	43'0	28'0	30'8	30'5	38'2	32'4	26'1	18'4	23'6	28'4
September . . . . .	14'8	12'5	33'2	41'2	30'3	34'3	30'3	41'2	33'8	22'1	18'7	26'3	29'3
October . . . . .	14'8	13'1	30'3	41'3	29'2	31'6	31'6	35'3	38'6	21'7	18'7	25'9	28'8
November . . . . .	14'8	11'9	25'7	43'5	27'4	30'8	32'9	35'9	34'3	18'9	18'4	28'4	28'2
December . . . . .	13'2	11'7	21'8	42'2	30'9	33'0	31'4	37'8	28'6	22'0	21'3	25'0	28'8
OF THE YEAR . . . . .	13'8	13'9	27'2	41'1	26'3	31'4	31'2	34'2	28'6	22'7	18'9	25'2	27'3
III.—ADMISSION RATE OF THE YEAR—													
Influenza . . . . .	'8	...	89'3	10'0	2'0	7'7	1'0	...	5'2	'4	...	...	4'9
Cholera . . . . .	'5	...	...	1'4	'4	'1	...	...	'2	...	11'6	...	1'5
Small-pox . . . . .	'1	'3	...	'9	1'9	'6	...	...	'2	...	'1	...	'7
Enteric Fever . . . . .	...	'3	'6	'2	'2	1'0	'9	...	'6	11'4	'5	1'6	'7
Intermittent Fever . . . . .	35'5	38'8	326'9	302'8	203'7	296'5	231'7	162'6	213'9	95'6	55'2	182'6	190'2
Remittent Fever . . . . .	'4	'8	1'9	2'6	'3	'4	'6	'2	1'8	1'3	'7	28'0	1'1
Simple Continued Fever . . . . .	17'1	6'3	...	1'7	6'0	2'1	1'5	...	'6	5'2	8'2	3'3	5'1
Tubercle of the lungs . . . . .	5'8	2'8	7'1	15'6	5'6	8'3	11'1	2'6	2'7	10'9	6'3	1'6	7'5
Pneumonia . . . . .	1'3	4'8	5'2	11'0	9'8	21'4	31'7	18'3	3'7	7'0	4'6	11'5	11'5
Other Respiratory Diseases . . . . .	7'0	7'3	11'7	32'3	22'4	38'3	64'7	38'0	23'2	36'7	16'5	34'5	27'5
Dysentery . . . . .	10'6	43'1	173'5	191'2	64'9	34'3	52'5	19'0	46'8	75'1	51'3	65'8	67'9
Diarrhœa . . . . .	6'6	8'5	53'7	85'9	30'6	27'1	46'9	35'0	38'7	40'2	3'5	41'1	34'4
Spleen Diseases . . . . .	'1	...	...	'2	'8	'5	2'9	1'7	2'3	'4	...	...	'8
Scurvy . . . . .	'5	...	1'3	'1	'4	'4	3'0	'5	2'0	'4	...	1'6	'7
Anæmia and Debility . . . . .	1'7	3'8	15'5	16'9	12'5	15'4	11'4	8'8	10'8	14'4	9'2	13'2	11'2
Abscess, Ulcer, and Boil . . . . .	51'8	46'3	40'8	46'6	78'3	100'8	105'2	112'0	89'7	30'6	26'1	78'9	70'5
ALL CAUSES . . . . .	248'0	273'7	866'0	946'3	620'3	751'5	737'5	663'6	726'5	478'6	375'5	671'1	623'8
IV.—DEATH RATE OF THE YEAR—													
Cholera . . . . .	'31	...	...	'63	'22	...	...	...	...	...	4'28	...	'59
Small-pox . . . . .	...	...	...	'24	'13	...	...	...	...	...	...	...	'06
Enteric Fever . . . . .	...	'25	'65	'16	'09	'25	'25	...	...	3'06	'11	...	'20
Intermittent Fever . . . . .	'21	'25	3'88	1'50	'75	'76	'63	'24	'46	'87	'83	1'64	'79
Remittent Fever . . . . .	'10	'25	...	'24	...	'08	'25	...	'46	...	'22	1'64	'15
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	4'32	...	2'59	4'26	1'94	2'44	4'15	'95	1'83	4'80	2'42	...	2'74
Pneumonia . . . . .	'51	1'50	3'24	3'00	2'47	4'04	9'05	3'09	'76	3'49	1'54	...	2'90
Other Respiratory Diseases . . . . .	'51	'25	...	'95	'79	'59	'75	1'90	'76	1'31	'22	1'64	'73
Dysentery . . . . .	'62	1'00	7'12	5'45	1'90	2'02	3'39	'95	2'44	3'49	2'64	6'58	2'57
Diarrhœa . . . . .	'31	'25	1'94	'63	'79	1'26	1'26	'71	1'37	1'31	'11	1'64	'80
Hepatic Abscess . . . . .	'21	'25	...	'16	'13	...	...	...	...	...	'11	...	'10
Anæmia and Debility . . . . .	'21	'25	'65	'47	'35	'34	1'13	'24	'46	1'31	'33	1'64	'45
Phagedæna, Slough, and Gangrene . . . . .	...	...	...	...	'04	'25	...	...	...	...	...	...	'04
ALL CAUSES . . . . .	12'85	9'52	27'18	24'39	14'97	17'00	25'38	12'13	16'46	24'45	17'90	27'96	17'72
V.—PERCENTAGE IN 100 ADMISSIONS—													
Influenza . . . . .	'33	...	10'31	1'06	'33	1'03	'14	...	'71	0'9	...	...	'78
Cholera . . . . .	'21	...	...	'15	'06	'01	...	...	'02	...	3'10	...	'24
Small-pox . . . . .	'04	'09	...	'10	'30	'08	...	...	'02	...	'03	...	'11
Enteric Fever . . . . .	...	'09	'07	'03	'04	'13	'12	...	'08	2'37	'15	'25	'11
Intermittent Fever . . . . .	14'30	14'18	37'74	32'00	32'83	39'45	31'42	24'51	29'45	19'98	14'71	27'21	30'49
Remittent Fever . . . . .	'17	'27	'22	'28	'06	'06	'09	'04	'25	'27	'18	4'17	'17
Simple Continued Fever . . . . .	6'88	2'29	...	'18	'96	'28	'20	...	'08	1'09	2'19	'49	'82
Tubercle of the lungs . . . . .	2'32	1'01	'82	1'65	'90	1'11	1'50	'39	'38	2'28	1'67	'25	1'21
Pneumonia . . . . .	'54	1'74	'60	1'16	1'59	2'84	4'29	2'76	'50	1'46	1'23	1'72	1'85
Other Respiratory Diseases . . . . .	2'82	2'65	1'35	3'41	3'61	5'10	8'77	5'73	3'19	7'66	4'39	5'15	4'42
Dysentery . . . . .	4'27	15'74	20'03	20'21	10'46	4'56	7'12	2'87	6'44	15'69	13'66	9'80	10'88
Diarrhœa . . . . .	2'65	3'11	6'20	9'07	4'93	3'61	6'36	5'27	5'33	8'39	'94	6'13	5'51
Spleen Diseases . . . . .	'04	...	...	'03	'13	'07	'39	'25	'31	'09	...	...	'13
Scurvy . . . . .	'21	...	'15	'01	'06	'06	'41	'07	'27	'09	...	'25	'11
Anæmia and Debility . . . . .	'70	1'37	1'79	1'78	2'01	1'92	1'55	1'33	1'49	3'01	2'46	1'96	1'80
Abscess, Ulcer, and Boil . . . . .	20'89	16'93	4'71	4'93	12'63	13'40	14'26	16'88	12'35	6'39	6'96	11'76	11'30
VI.—PERCENTAGE IN 100 DEATHS—													
Cholera . . . . .	2'4	...	...	2'6	1'5	...	...	...	...	...	23'9	...	3'3
Small-pox . . . . .	...	...	...	1'0	'9	...	...	...	...	...	...	...	'4
Enteric Fever . . . . .	...	2'6	2'4	'6	'6	1'5	1'0	...	...	12'5	'6	...	1'1
Intermittent Fever . . . . .	1'6	2'6	14'3	6'1	5'0	4'5	2'5	2'0	2'8	3'6	4'9	5'9	4'5
Remittent Fever . . . . .	'8	2'6	...	1'0	...	'5	1'0	...	2'8	...	1'2	5'9	'8
Simple Continued Fever . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Tubercle of the lungs . . . . .	33'6	...	9'5	17'5	13'0	14'4	16'3	7'8	11'1	19'6	13'5	...	15'6
Pneumonia . . . . .	4'0	15'8	11'9	12'3	16'5	23'8	35'6	25'5	4'6	14'3	8'6	...	16'4
Other Respiratory Diseases . . . . .	4'0	2'6	...	3'9	5'3	3'5	3'0	15'7	4'6	5'4	1'2	5'9	4'1
Dysentery . . . . .	4'8	10'5	26'2	22'3	12'7	11'9	13'4	7'8	14'8	14'3	14'7	23'5	14'6
Diarrhœa . . . . .	2'4	2'6	7'1	2'6	5'3	7'4	5'0	5'9	8'3	5'4	'6	5'9	4'5
Hepatic Abscess . . . . .	1'6	2'6	...	'6	'9	...	...	...	...	...	'6	...	'5
Anæmia and Debility . . . . .	1'6	2'6	2'4	1'9	2'4	2'0	4'5	2'0	2'8	5'4	1'8	5'9	2'5
Phagedæna, Slough, and Gangrene . . . . .	...	...	...	...	'3	1'5	...	...	...	...	...	...	'2

\* Including Aden. For complete detail of diseases, see Table LIII.



# PRISONERS, 1907.

## TABLE XLII.

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH-RATE PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Con- tinued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	All CAUSES.		
Mergui .	59 {	...	...	...	...	423.7	...	...	...	...	33.9	33.9	16.9	...	...	...	67.8	...	711.9	16.9		
Tavoy .	115 {	...	...	...	...	8.7	17.4	...	...	17.4	...	8.7	...	...	...	...	8.7	...	69.6	8.7		
Moulmein .	560 {	...	1.8	...	...	14.3	...	...	10.7	51.8	14.3	23.2	...	...	...	...	66.1	...	419.6	25.0		
Shwegyin .	170 {	...	...	...	...	129.4	...	...	...	5.9	5.9	5.9	...	...	...	...	94.1	...	388.2	17.6		
Toungoo .	565 {	14.2	...	...	...	12.4	...	1.8	5.3	3.5	30.1	12.4	...	...	5.3	1.8	37.2	...	279.6	24.8		
Rangoon, Cen- tral (Euro- peans).	20 {	...	...	...	...	...	...	250.0	...	...	50.0	...	...	...	...	...	...	...	1100.0	50.0		
Rangoon, Cen- tral (Natives).	2,476 {	...	...	...	...	15.3	...	51.3	9.7	4.4	12.9	11.7	...	4	4	4	97.3	...	346.9	16.6		
Maubin .	231 {	...	4.3	...	...	13.0	...	...	4.3	4.3	13.0	...	...	...	4.3	4.3	13.0	...	155.8	13.0		
Myaungmya .	903 {	...	1.1	...	...	16.6	...	...	1.1	1.1	8.9	3.3	1.1	...	...	3.3	22.1	...	117.4	6.6		
Bassein, Central	1,165 {	...	...	...	...	12.9	...	8.6	5.2	1.7	5.2	14.6	...	...	...	9	36.9	...	207.7	15.5		
Insein, Central	2,349 {	...	4	...	...	83.4	...	...	5.1	9	9	...	...	...	...	1.7	43.4	...	194.6	9.8		
Henzada .	398 {	...	...	2.5	...	15.1	...	10.1	2.5	2.5	7.5	2.5	2.5	...	...	2.5	15.1	...	118.1	5.0		
Myanaung .	77 {	...	...	...	...	...	26.0	13.0	...	...	...	26.0	...	...	...	13.0	...	...	142.9	13.0		
Sandoway .	80 {	...	...	...	...	37.5	...	12.5	...	...	25.0	12.5	...	...	...	12.5	25.0	...	250.0	12.5		
Kyaukpyu .	143 {	...	...	...	...	7.0	...	...	7.0	...	7.0	21.0	...	...	...	6.99	7.0	...	83.9	7.0		
Akyab .	417 {	...	2	...	...	12.0	...	40.8	2.4	9.6	16.8	24.0	2.4	...	...	7.2	16.8	...	220.6	9.6		
GROUP I.— BURMA COAST AND BAY ISLANDS	9,728 {	8	5	1	...	35.5	4	17.1	5.8	1.3	7.0	10.6	6.6	2	1	5	1.7	51.8	...	248.0	13.8	
Paungde .	162 {	...	...	...	...	61.7	...	...	...	6.2	55.6	...	...	...	...	6.2	37.0	...	271.6	24.7		
Prome .	346 {	...	...	...	...	109.8	...	2.9	2.9	...	14.4	11.6	5.8	...	...	20.2	160.8	...	627.2	28.9		
Thayetmyo, Central.	821 {	...	...	1.2	...	21.9	...	...	7.3	7.3	14.6	36.5	11.0	2.4	...	1.2	14.6	1.2	186.4	8.5		
Magwe .	175 {	...	...	...	...	...	...	5.7	...	...	...	...	...	...	...	5.7	...	...	68.6	5.7		
Yamethin .	99 {	...	...	...	...	...	...	...	...	...	20.2	10.10	...	...	...	...	30.3	...	202.0	10.1		
Meiktila .	85 {	...	...	...	...	11.8	...	...	...	11.8	...	...	...	...	...	...	...	...	70.6	3.4*		
Pagan .	56 {	...	...	...	...	107.1	...	...	...	...	...	...	...	...	...	...	...	...	232.1	17.9		
Myingyan, Central	873 {	...	...	...	...	19.5	...	2.3	1.1	...	2.3	100.8	17.2	...	...	2.3	18.3	...	202.7	11.5		
Mandalay, Central	827 {	...	...	...	...	44.7	...	10.9	2.4	7.3	7.3	42.3	4.8	...	...	1.2	84.6	...	389.4	16.9		
Monywa .	101 {	...	...	...	...	19.8	...	...	...	...	19.8	...	...	...	...	...	9.9	...	168.3	19.8		
Shwebo .	187 {	...	...	...	5.3	21.4	16.0	48.1	5.3	21.4	...	...	...	...	...	...	5.3	...	171.1	10.7		
Mogok .	61 {	...	...	...	...	...	...	...	...	...	...	...	6.1	...	...	...	...	...	32.8	1.0*		
Bhamo .	75 {	...	...	...	...	240.0	...	40.0	...	26.7	13.3	53.3	13.3	...	...	13.3	80.0	...	826.7	26.7		
Katha .	74 {	...	...	...	...	...	...	...	...	...	...	40.5	...	...	...	...	13.5	...	81.1	1.8*		
Kindat .	51 {	...	...	...	...	78.4	...	...	...	...	...	...	...	...	...	19.6	58.8	...	196.1	19.6		
GROUP II.— BURMA INLAND.	3,993 {	...	...	3	3	38.8	8	6.3	2.8	4.8	7.3	43.1	8.5	8	...	3.8	46.3	3	273.7	13.9		

\*Worked on the aggregates.



# PRISONERS, 1907.

## TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength th.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Cachar .	64 {	...	...	...	...	171'9 15'62	...	...	...	31'2 15'62	...	718'7 15'62	203'1	...	...	...	...	31'2	...	1,359'4 46'88	62'5	
Sibsagar .	75 {	...	...	...	...	133'3	...	...	...	...	...	93'3	53'3	...	...	...	...	53'3	...	373'3	13'3	
Dibrugarh .	111 {	...	...	...	...	189'2	...	...	9'0	...	45'0	63'1	225'2 27'03	...	...	...	63'1	36'0	...	801'8 27'03	36'0	
Tezpur .	327 {	...	...	...	3'1 3'06	97'9 3'06	...	...	...	...	6'1	73'4	...	...	...	...	9'2	42'8	...	391'4 18'35	15'3	
Gauhati .	286 {	24'5	...	...	...	255'2 10'49	...	...	17'5 10'49	...	35'0	90'9 20'98	24'5	...	...	7'0	...	31'5	...	587'4 45'45	49'0	
Sylhet .	682 {	192'1	...	...	...	524'9 1'47	4'4	...	7'3 1'47	8'8 5'87	1'5	231'7 5'87	49'9	...	...	...	20'5 1'47	44'0	...	1,228'7 24'93	22'0	
GROUP III.— ASSAM.	1,545 {	89'3	...	...	6'65	326'9 3'88	1'9	...	7'1 2'59	5'2 3'24	11'7	173'5 7'12	53'7 1'94	...	...	1'3	15'5 65	40'8	...	866'0 27'18	27'2	
Mymensingh.	626 {	...	1'6	...	1'6 1'60	335'5	...	...	19'2 3'19	8'0 4'79	19'2	408'9 3'19	311'5 1'60	...	...	...	28'8	17'6	...	1,453'7 28'75	47'9	
Dacca, Central	1,243 {	12'9	4'0 4'02	...	...	148'0	...	...	11'3 7'24	...	36'2 1'61	139'2 4'83	69'2	8'80	...	...	41'8	56'3	...	688'7 25'74	46'7	
Tippera .	414 {	...	...	...	...	147'3	...	...	4'8 2'42	2'4	...	91'8 7'25	16'9 2'42	...	...	...	2'4	16'9	...	413'0 19'32	24'2	
Chittagong .	234 {	...	...	4'3	...	260'7	...	...	17'1 8'55	4'3 4'27	25'6 8'55	299'1 8'55	64'1	...	...	...	8'5	21'4	...	965'8 42'74	42'7	
Noakhali .	163 {	...	...	...	...	269'9 6'13	6'1	...	...	6'1 6'13	6'1	582'8	171'8	...	...	...	30'7	36'8	...	1,214'7 24'54	36'8	
Bakarganj .	563 {	...	3'5 3'55	...	...	56'8	...	...	14'2 3'55	7'1 1'78	17'8	163'4	17'8 1'78	...	...	...	42'6 5'33	37'3	...	605'7 19'54	28'4	
Khulna .	44 {	...	...	...	...	931'8	...	...	...	22'7 22'73	45'5	136'4	22'7	...	...	...	22'7	159'1	...	1,613'6 22'73	45'5	
Jessore .	344 {	...	...	2'9 2'91	...	715'1 8'72	8'7 2'91	...	14'5	32'0 5'81	61'0 2'91	377'9 2'91	32'0	...	...	...	17'4	72'7	...	1,593'0 31'98	40'7	
Baraset .	102 {	...	9'8	...	...	156'9	...	9'8	19'6 9'80	...	19'6 9'80	343'1	29'4	...	...	...	9'8	39'2	...	764'7 19'61	29'4	
Presidency, Central (Europeans).	33 {	...	...	...	...	151'5	...	...	...	...	60'6	30'3	90'9	...	...	...	...	...	...	878'8 30'30	30'3	
Presidency, Central (Natives).	1,218 {	1'6	...	8'82	...	215'9	...	...	9'0 1'64	5'7 8'2	33'7 2'46	141'2 3'28	117'4	8	...	...	11'5	25'5	...	731'5 13'14	30'4	
Alipore, Central	1,903 {	...	...	5	...	446'1 1'58	...	...	32'1 6'83	13'1 1'58	28'4	167'6 4'20	115'1	...	...	...	5	61'5	...	1,181'8 17'87	49'4	
Howrah .	59 {	...	...	...	...	152'5	...	...	...	16'9	33'9	152'5	50'8	...	...	...	16'9	50'8	...	779'7	33'9	
Hooghly .	333 {	...	...	...	...	231'2	...	...	45'0 6'01	48'0 12'01	12'0	120'1 3'00	177'2 3'00	...	...	...	15'0 3'00	81'1	...	1,078'1 39'04	45'0	
Burdwan .	190 {	...	...	...	5'3	715'8	...	...	15'8	10'5	63'2	194'7 5'26	78'9	...	...	...	21'1	78'9	...	1,447'4 10'53	78'9	
Krishnagar .	172 {	...	...	...	...	494'2	...	...	5'8	34'9 29'07	116'3	133'7	69'8	...	...	...	93'0	122'1	...	1,715'1 52'33	40'7	
Faridpur	368 {	296'2 5'43	...	...	2'7 2'72	747'2 5'43	...	...	29'9 2'72	38'0 5'43	35'3 2'72	481'0 19'02	92'4	...	...	...	...	114'1	...	2,288'0 54'35	95'1	
Pabna .	207 {	...	...	...	...	106'3	...	...	...	4'8 4'83	14'5	9'7	24'2	...	...	...	4'8	4'8	...	246'4 9'66	9'7	
Murshidabad	280 {	...	...	...	...	435'7 3'57	...	...	3'6	3'6	35'7	28'6	39'3	...	...	...	...	39'3	...	835'7 14'29	35'7	
Rajshahi, Central.	896 {	...	...	5'6 1'12	...	78'1 5'58	...	...	12'3 6'70	6'7 1'12	22'3 2'23	128'3 4'46	5'6 1'12	1'1	...	...	5'6	19'0	...	339'3 27'90	23'4	
Bogra .	171 {	...	...	...	...	233'9	23'4 11'70	...	...	...	5'8	210'5 35'09	11'7 5'85	...	...	...	23'4	11'7	...	543'9 52'63	29'2	
Malda .	130 {	...	...	7'7	...	1,107'7 7'69	...	...	...	7'7 7'69	23'1	115'4	300'0	...	...	...	53'8	84'6	...	1,992'3 23'08	61'5	
Dinajpur .	323 {	...	24'8	...	...	216'7	6'2	...	9'3 6'19	9'3 3'10	52'6	151'7 15'48	86'7	...	...	...	9'3	27'9	...	764'7 27'86	18'6	
Rangpur .	242 {	...	...	...	...	520'7	...	...	8'3 4'13	20'7 8'26	20'7	690'1 16'53	4'1	...	...	...	4'1	8'3	...	1,388'4 49'59	82'6	



JAILS AND GROUPS	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Conti- nued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Malpaiguri .	137 {	...	...	...	...	131'4 7'30	...	...	...	14'6 7'30	7'3	91'1 14'60	102'2 7'30	...	...	...	87'6 7'30	43'8	...	686'1 51'09	29'2	
Purneah .	262 {	...	...	...	...	461'8 3'82	...	...	19'1 7'63	3'8 3'82	11'5	133'6 7'63	38'2	...	...	...	19'1	45'8	...	835'9 34'35	34'4	
Naya Dumka .	124 {	...	...	16'1	...	387'1	...	...	16'1	32'3 16'13	64'5	185'5	16'1	...	...	...	96'8	24'2	...	1,024'2 24'19	64'5	
Suri .	223 {	...	...	...	...	847'5	...	...	35'9 4'48	4'5	76'2	121'1	76'2	...	...	...	9'0	49'3	...	1,766'8 13'45	40'4	
Bankura .	217 {	...	...	...	...	188'9	...	...	23'0 4'61	4'6	142'9	82'9	129'0	...	9'2	...	27'6	69'1	4'6	977'0 4'61	50'7	
Midnapore, Central. }	831 {	...	...	...	...	207'0	...	...	12'0 3'61	16'8 3'61	34'9	180'5 3'61	45'7	11'2	...	...	2'4 1'20	52'9	...	770'2 16'85	42'1	
Balasore .	158 {	...	...	...	...	69'6	...	132'9	...	...	19'0	272'2 12'66	139'2	...	...	...	...	82'3	...	917'7 18'99	44'3	
Cuttack .	245 {	...	...	...	...	24'5	93'9	...	8'2 4'08	12'2	32'7	118'4 8'16	24'5	...	4'1	...	4'1	53'1	...	534'7 12'24	20'4	
Puri .	140 {	...	7'1 7'14	...	...	200'0	...	...	7'1 7'14	...	14'3	78'6 14'29	107'1 7'14	...	...	7'1	7'1	28'6	...	557'1 35'71	14'3	
Angul .	75 {	...	...	...	...	186'7 13'33	...	...	1'3 13'33	...	...	120'0 26'67	13'3	13'3	...	...	13'3	66'7	...	533'3 66'67	53'3	
GROUP IV.— BENGAL AND ORISSA.	12,670 {	10'0 1'16	1'4 6'63	9 24	2 16	302'8 1'50	2'6 24	1'7	15'6 4'26	11'0 3'00	32'3 95	191'2 5'45	85'0 6'63	4 16	2 16	1 16	16'9 47	46'6	1 16	946'3 24'39	41'1	
A. Chaibassa .	159 {	...	...	...	...	666'7	...	...	...	6'3	25'2	62'9	100'6	...	...	...	...	18'9	...	1,226'4	31'4	
Purulia .	200 {	5'0 5'00	5'0 5'00	5'0 5'00	...	230'0	...	...	15'0 5'00	20'0 5'00	70'0 5'00	15'0 ...	160'0	...	...	...	15'0	100'0	...	1,180'0 35'00	40'0	
Ranchi .	158 {	...	...	...	...	44'3	...	...	...	...	12'7	151'9 6'33	6'3	...	...	...	6'3	38'0	...	335'4 6'33	19'0	
Palamau .	101 {	...	...	...	...	158'4	...	...	9'9	9'9	9'9	663'4	69'3	...	...	...	19'8 9'90	59'4	...	1,217'0 9'90	39'6	
Hazaribagh, Central. }	810 {	...	...	...	...	451'9 1'23	...	...	7'4 2'47	8'6 3'70	51'9 1'23	177'8 3'70	119'8	...	7'4	2'5	11'1	98'8	...	1,269'1 14'81	35'8	
B. Gaya .	503 {	...	2'0	...	...	13'9	...	8'0	...	8'0 1'99	19'9	25'8	15'9	...	...	...	2'0	41'7	2'0 1'99	228'6 13'92	11'9	
Bhagalpur, Central }	1,738 {	...	...	6 58	...	180'1	...	...	5'8 1'15	12'0 1'15	25'3	51'8	17'3 58	...	...	1'2	10'4 1'15	35'1	...	485'6 8'06	17'3	
Monghyr .	330 {	...	9'1 6'06	6'1	...	339'4	...	...	6'1	6'1 6'06	21'2 3'03	154'5	112'1	...	...	...	9'1	75'8	...	1,030'9 18'18	33'3	
Darbhanga .	328 {	...	3'0	...	...	314'0 3'05	...	...	21'3 6'10	3'0	42'7 3'05	262'2 6'10	67'1	...	...	...	15'2	36'6	...	963'4 24'39	45'7	
Champarun .	342 {	...	...	...	...	87'7	...	...	...	20'5 5'85	11'7	46'8 5'85	5'8	...	...	...	8'8 2'92	20'5	...	283'6 17'54	11'7	
Muzaffarpur .	371 {	...	...	...	...	134'8 2'70	...	...	8'1 2'70	2'7 2'70	21'6	142'9 5'39	13'5 2'70	...	...	...	...	27'0	...	566'0 24'26	35'0	
Patna .	362 {	...	...	2'8	...	151'9	...	...	2'8 2'76	8'3 8'29	19'3	74'6 2'76	30'4	...	...	...	...	66'3	...	475'1 19'34	27'6	
Arrah .	298 {	...	...	...	...	372'5 3'36	3'4	...	10'1 10'07	3'4	30'2	181'2	73'8	...	...	...	10'1	57'0	...	899'3 26'85	26'8	
Chapra .	283 {	...	3'5 3'53	...	...	332'2	...	...	10'6	...	10'6	215'5 3'53	109'5	...	...	...	28'3	38'9	...	943'5 7'07	35'3	
Buxar, Central }	1,225 {	...	...	15'5	8 82	806'7	...	...	5'7 3'26	1'6 3'2	31'8	144'4 1'63	60'4	...	...	3'3	33'4	104'4	...	1,548'9 13'05	44'9	
Korantadih .	34 {	...	...	...	...	117'6	...	...	...	...	...	29'4	85'2	...	...	...	...	...	...	441'2	12'9*	
Ghazipur .	376 {	...	...	...	...	148'9 2'66	...	...	2'7	5'3 5'32	63'8 15'96	47'9 7'98	18'0 5'32	...	...	...	...	77'1	...	468'1 42'55	26'6	
Azamgarh .	329 {	...	...	...	...	273'6	...	...	...	9'1	21'3	39'5	45'6 3'04	...	...	...	...	72'9	...	620'1 6'08	15'2	
Gorakhpur .	540 {	...	...	9'3	...	227'8 1'85	...	...	3'7 1'85	9'3 3'70	16'7 1'85	335'2 12'96	50'0 3'70	...	20'4	...	164'8 5'56	1'9	...	1,172'2 38'89	96'3	
Basti .	304 {	...	6'6 3'29	...	...	355'3	...	...	6'6 3'29	19'7 6'58	23'0	151'3 13'16	29'6	...	...	...	39'5	49'3	...	1,161'2 46'05	46'1	
Fyzabad .	427 {	...	...	4'7	...	89'0	9'4	...	4'7 4'68	18'7 2'34	11'7	14'1 2'34	28'1	...	...	...	25'8	45'2	2'3	562'1 9'37	30'4	
Sultanpur .	217 {	...	...	...	...	221'2	...	...	10'4	4'0	18'4	...	4'6	...	...	...	18'4	50'7	...	553'0 13'82	32'3	
Rai Bareilly .	366 {	...	...	...	...	30'1	2'7	...	8'2 2'73	5'5	10'9	8'2 2'73	16'4 5'46	...	...	...	2'7	35'5	...	308'7 21'86	21'9	

\* Worked on the aggregates



TABLE XLII—continued.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhœa.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Partabgarh .	159 {	...	...	6'3	...	31'4	...	...	6'3	12'6	...	6'3	6'3	...	...	...	44'0	69'2	...	232'7	12'6	
Jaunpur .	314 {	...	...	...	...	207'0	...	...	12'7	28'7	25'5	35'0	31'8	...	...	...	19'1	124'2	...	633'8		
Benares, Central. }	1,449 {	...	...	7	...	218'8	...	...	4'8	4'8	4'8	26'9	17'9	7'69	7	...	1'4	107'0	...	537'6	22'5	
Benares, District. }	429 {	...	...	...	...	144'5	...	...	7'0	9'3	2'3	44'3	21'0	...	...	...	4'7	109'6	...	517'5		
Mirzapur .	171 {	...	...	...	...	29'2	...	...	5'8	17'5	5'8	11'7	...	...	...	...	...	11'7	5'8	111'1	5'1	
Allahabad, Central. }	1,283 {	...	...	...	...	28'8	...	95'9	6'2	1'6	15'6	13'3	42'9	...	...	...	...	225'3	...	635'2		
Allahabad, District. }	497 {	...	...	...	...	106'6	...	...	...	38'2	60'4	58'4	14'1	...	...	...	16'1	106'6	...	754'5	40'8	
Karwi .	32 {	...	...	31'2	...	125'0	...	...	...	31'2	62'5	...	...	...	...	...	...	...	...	375'0		
Banda .	152 {	...	...	6'6	...	361'8	...	...	6'6	6'6	105'3	85'5	52'6	...	...	...	13'2	190'8	...	1,309'2	46'1	
Fatehpur .	298 {	...	...	...	...	275'2	...	...	...	6'7	13'4	20'1	50'3	...	...	...	6'7	73'8	...	536'9		
Hamirpur .	105 {	85'7	...	...	...	695'2	...	...	38'1	57'1	57'1	85'7	19'0	...	...	...	9'5	57'1	...	1,342'9	47'1	
Orai .	129 {	...	...	...	...	519'4	...	...	...	38'8	7'8	62'0	46'5	...	...	...	7'8	77'5	...	899'2		
Cawnpore .	426 {	2'3	...	...	...	119'7	...	...	2'3	2'3	9'4	2'3	4'7	...	...	...	4'7	46'9	...	342'7	18'1	
Unao .	313 {	...	...	9'6	...	16'0	...	6'4	3'2	6'4	16'0	19'2	3'2	...	...	...	3'2	60'4	...	278'0		
Lucknow, Central. }	1,557 {	...	...	6	...	27'0	...	...	5'8	3'2	18'0	8'3	5'1	...	...	...	6	35'3	...	165'7	14'1	
Lucknow, District. }	484 {	...	...	...	...	72'3	...	...	2'1	10'3	2'1	24'8	6'2	...	...	...	...	111'6	...	355'4		
Barabanki .	430 {	...	...	...	...	160'5	...	2'3	2'3	16'3	11'6	14'0	51'2	...	...	...	7'0	67'4	...	530'2	23'1	
Gonda .	408 {	...	...	...	...	63'7	...	...	7'4	4'9	4'9	7'4	2'5	...	...	...	14'7	34'3	...	321'1		
Bahraich .	356 {	...	...	2'8	...	137'6	...	...	...	22'5	14'0	44'9	11'2	...	...	...	25'3	115'2	...	575'8	30'1	
Kheri .	323 {	...	...	...	3'1	77'4	...	...	...	3'1	...	9'3	3'1	...	...	...	6'2	108'4	...	424'1		
Sitapur .	613 {	57'1	...	3'3	1'6	94'6	3'3	...	1'6	22'8	37'5	26'1	6'5	...	...	1'6	...	44'0	...	394'8	11'2	
Hardoi .	275 {	...	...	...	...	109'1	...	...	3'6	7'3	7'3	...	14'5	...	...	...	...	101'8	...	363'6		
Etawah .	261 {	...	...	...	3'8	99'6	...	...	3'8	38'3	53'6	34'5	7'7	...	...	...	15'3	95'8	...	501'9	15'3	
Mainpuri .	312 {	...	...	...	3'2	766'0	...	3'2	...	12'8	67'3	83'3	38'5	...	...	...	...	109'0	...	1,394'2		
Etah .	287 {	...	...	...	...	223'0	...	...	7'0	24'4	17'4	48'8	10'5	3'5	...	...	31'4	115'0	...	637'6	31'4	
Fatehgarh, Central. }	1,461 {	...	...	...	...	74'6	...	...	5'5	4'8	9'6	8'9	2'7	7'68	7'68	...	...	38'3	7	195'8		
Fatehgarh, District. }	320 {	...	...	...	...	237'5	...	12'5	28'1	15'6	43'7	21'9	25'0	...	...	...	...	87'5	...	612'5	21'9	
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	22,646 {	2'0	4	1'9	2	203'7	3	6'0	5'6	9'8	22'4	64'9	30'6	1	8	4	12'5	78'3	2	620'3		
A.		09	22	13	09	75	...	...	1'94	2'47	79	1'90	79	13	...	...	35	04	04	14'97	26'3	
Shahjahanpur	343 {	...	...	2'9	...	151'6	...	...	...	5'8	37'9	46'6	14'6	...	...	...	29'2	107'9	...	618'1		
Pilibhit .	48 {	...	...	...	...	250'0	...	...	20'8	20'8	...	83'3	...	...	...	...	...	41'7	...	666'7	20'8	
Bareilly Central. }	1,708 {	...	6	...	...	533'4	...	...	9'4	17'6	4'7	5'9	2'3	...	6	...	2'9	52'1	1'2	700'8		



JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Con- tinued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Bareilly, District.	698	...	...	2'9	...	444'1	...	...	14'3	28'7	47'3	45'8	27'2	...	...	...	4'3	124'6	...	945'6	38'7	
Budaun.	345	...	...	2'9	...	226'1	...	...	5'8	8'7	14'5	20'3	11'6	...	...	...	5'8	153'6	...	678'3	23'2	
Aligarh.	347	...	...	...	...	239'2	8'6	...	5'8	20'2	14'4	25'9	14'4	...	...	...	5'8	60'5	...	680'1	25'9	
Bulandshahr.	218	...	...	...	...	142'2	...	...	4'6	13'8	27'5	50'5	9'2	...	13'8	...	...	73'4	...	518'3	22'9	
Moradabad.	380	...	...	...	...	278'9	...	...	2'6	34'2	26'3	36'8	47'4	...	...	...	23'7	210'5	...	968'4	39'5	
Bijnor.	220	...	...	...	4'5	163'6	4'5	...	9'1	22'7	18'2	50'0	22'7	...	...	...	4'5	90'9	...	595'5	22'7	
Dehra Dun.	88	...	...	...	...	147'7	...	...	22'7	...	...	...	...	...	...	...	11'4	22'7	...	340'9	22'7	
Saharanpur.	339	...	...	...	...	516'2	...	...	2'9	47'2	29'5	336'3	174'0	...	...	...	...	103'2	...	1,531'0	64'9	
Muzaffarnagar.	154	19'5	...	...	...	616'9	...	...	...	84'4	26'0	32'5	51'9	...	...	...	19'5	110'4	...	1,422'1	39'0	
Meerut.	549	114'8	...	1'8	...	178'5	...	...	10'9	32'8	18'2	21'9	9'1	...	1'8	...	29'1	92'9	...	632'1	31'0	
Delhi.	416	...	...	...	...	245'2	...	...	7'2	43'3	33'7	21'6	4'8	...	...	...	12'0	72'1	2'4	521'6	31'2	
Rohtak.	131	...	...	...	...	458'0	...	...	...	7'6	30'5	30'5	8'	...	...	...	15'3	99'2	...	885'5	22'9	
Hissar.	164	...	...	...	6'1	91'5	...	...	...	42'7	85'4	36'6	61'0	...	...	6'1	42'7	243'9	6'1	1,128'0	48'8	
Karnal.	98	...	...	...	...	479'6	...	...	...	71'4	173'5	30'6	81'6	...	...	...	...	142'9	...	1,224'5	30'6	
Ambala.	572	...	...	...	1'7	211'5	...	...	1'7	35'0	45'5	22'7	61'2	...	...	1'7	28'0	166'1	...	771'0	33'2	
B																						
Ludhiana.	213	61'0	...	...	...	70'4	4'7	...	4'7	14'1	4'7	18'8	...	...	...	...	51'6	...	389'7	14'1		
Hoshiarpur.	53	...	...	...	...	226'4	...	...	...	18'9	37'7	18'9	94'3	...	...	...	18'9	264'2	...	1,169'8	37'7	
Jullundur.	252	...	...	...	...	210'3	...	...	7'9	11'9	31'7	59'5	39'7	...	4'0	...	...	79'4	...	658'7	15'9	
Ferozepore.	373	...	...	...	...	21'4	...	50'9	8'0	53'6	59'0	18'8	18'8	...	...	...	29'5	50'9	...	597'9	32'2	
Amritsar.	156	...	...	...	...	455'1	...	...	6'4	...	38'5	38'5	83'3	...	...	...	32'1	173'1	...	1,314'1	38'5	
Lahore, Central.	1,590	4'4	...	...	5'0	220'8	...	...	14'5	10'1	99'4	7'5	4'4	...	...	6	7'5	104'4	...	682'4	41'5	
„ District.	418	...	...	...	2'4	157'9	...	...	14'4	9'6	31'1	19'1	21'5	...	...	...	7'2	119'6	...	631'6	28'7	
„ Female.	183	...	...	...	...	131'1	...	...	10'9	5'5	38'3	5'5	21'9	...	...	...	32'8	32'8	...	639'3	32'8	
Gurdaspur.	186	...	...	...	...	107'5	...	...	5'4	5'4	10'8	16'1	43'0	...	...	...	10'8	59'1	...	376'3	10'8	
Gujranwala.	267	11'2	...	...	...	15'0	...	22'5	11'2	30'0	15'0	3'7	...	...	...	...	...	18'7	...	217'2	7'5	
Sialkot.	322	...	...	...	...	124'2	...	...	6'2	6'2	12'4	9'3	9'3	...	...	...	3'1	28'0	...	273'3	12'4	
Gujrat.	107	...	...	9'3	...	345'8	...	...	18'7	9'3	18'7	37'4	93'5	...	...	...	...	168'2	...	1,140'2	18'7	
Jhelum.	153	...	...	...	...	464'1	...	...	6'5	26'1	63'4	26'1	6'5	...	...	6'5	...	130'7	...	1,000'0	19'6	
Rawalpindi.	649	4'6	...	1'5	...	559'3	...	...	6'2	7'7	47'8	63'	18'5	...	...	1'5	66'3	157'2	...	1,052'4	32'4	
Campbellpur.	140	...	...	...	...	300'0	...	...	...	7'1	14'3	121'4	278'6	...	...	...	35'7	114'3	...	1,228'6	21'4	
GROUP VI.— UPPER SUB-HIMA- LAYA.	11,880	7'7	1	6	1'0	296'5	4	2'1	8'3	21'4	35'3	34'3	27'1	...	5	4	15'4	100'8	3	751'5	31'4	



# PRISONERS, 1907.

## TABLE XLII—continued.

RATIOS of JAILS, GROUPS, and ADMINISTRATIONS.

For actuals, see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.										2. DEATH-RATE PER 1,000 OF STRENGTH.										Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Conti- nued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
<b>A</b>																						
Peshawar .	537 {	..	..	..	..	558·7	..	..	7·4 3·72	26·1 7·45	27·9	113·6 3·72	154·6 1·86	..	..	..	18·6	318·4	..	1,469·3 18·62	39·1	
Kohat .	105 {	..	..	..	19·0	161·9	..	..	..	28·6	38·1	142·9 9·52	66·7	..	..	..	9·5	57·1	..	723·8 19·05	28·6	
Bannu .	116 {	69·0	..	..	..	8·6	..	..	8·6	8·6	69·0	86·2	60·3	..	..	..	8·6	103·4	..	724·1	34·5	
Shahpur .	179 {	..	..	..	..	385·5	..	..	5·6	16·8	27·9	78·2	117·3	..	..	..	11·2	106·1	..	1,011·2	27·9	
Mianwali .	206 {	..	..	..	4·9 4·85	335·0	..	..	4·9 4·85	53·4 4·85	82·5	101·9	169·9	..	..	4·9	..	213·6	..	1,378·6 19·42	24·3	
Lyallpur .	226 {	..	..	..	..	35·4	8·8	..	4·4	13·3 8·85	22·1	8·8	13·3	..	..	..	..	26·5	..	230·1 8·85	8·8	
Jhang .	201 {	..	..	..	..	114·4	..	..	5·0	29·9 9·95	69·7	24·9 4·98	44·8	..	..	..	19·9 4·98	94·5	..	567·2 19·90	19·9	
Montgomery, Central.	1,988 {	..	..	..	..	285·7 ·50	..	..	19·1 8·05	18·6 5·03	21·6	67·9 4·53	50·8 3·52	..	..	5 ·50	13·1 2·52	78·5	..	692·2 32·19	42·3	
Mooltan, Cen- tral.	1,129 {	..	..	..	..	122·2	..	2·7	8·0 4·43	11·5 5·31	89·5	15·9 2·66	4·4	..	..	..	11·5	84·1	..	511·1 16·83	23·0	
Mooltan Dist- rict.	571 {	..	..	..	..	166·4 3·50	5·3 1·75	..	19·3 3·50	22·8 3·50	33·3 1·75	7·0 1·75	19·3	..	..	..	8·8	201·4	..	847·6 17·51	24·5	
Dera Ismail Khan.	335 {	..	..	..	..	507·5	..	..	14·9 5·97	29·9 8·96	71·6	41·8 2·99	65·7	..	14·9 2·99	..	9·0	283·6	..	1,277·6 26·87	35·8	
Dera Ghazi Khan.	199 {	..	..	..	..	452·3	..	..	5·0	30·2 15·08	125·6	45·2	30·2	..	..	..	..	80·4	..	934·7 15·08	20·1	
<b>B</b>																						
Sibi .	56 {	..	..	..	..	267·9	..	..	..	17·9	..	160·7	17·9	..	..	..	17·9	71·4	..	714·3	17·9	
<b>C</b>																						
Sukkur .	358 {	..	..	..	..	69·8	..	..	8·4 2·79	16·8 8·38	78·2 8·38	33·5 8·38	11·2	..	2·8	8·4 2·79	..	22·3	..	318·4 39·11	114·0	
Sind Gang .	428 {	..	..	..	..	186·9	..	..	..	123·8 35·37	72·4	42·1 4·67	44·4 4·67	..	..	2·3	..	44·4	..	607·5 39·72	23·4	
Hyderabad, Central.	970 {	..	..	..	3·1 1·03	167·0 2·06	..	..	7·2 3·09	63·9 18·56	154·6 2·06	46·4 3·09	25·8	..	15·5 1·03	15·5 1·03	18·6	40·2	..	667·0 34·02	41·2	
Karachi .	354 {	..	..	..	2·8	39·5	..	25·4	14·1 2·82	28·2 14·12	73·4	73·4 2·82	39·5	..	5·6	8·5	19·8 8·47	36·7	..	500·0 31·07	22·6	
GROUP VII.— N.-W. FRON- TIER, INDUS VALLEY, AND N.-W. RAJ- PUTANA.	7,958 {	1·0	..	..	·9 ·25	231·7 ·63	·6 ·25	1·5	11·1 4·15	31·7 9·05	64·7 ·75	52·5 3·39	46·9 1·26	..	2·9 ·35	3·0 ·38	11·4 1·13	105·2	..	737·5 25·38	31·2	
<b>A</b>																						
Rajkot .	87 {	..	..	..	..	206·9	..	..	11·5	..	34·5	11·5	34·5	..	..	..	..	241·4	..	908·0 22·99	34·5	
Ahmedabad, Central.	846 {	..	..	..	..	60·3	..	..	5·9 1·18	4·7	16·5	15·4	15·4	..	..	..	20·1 1·18	83·9	..	463·4 8·27	18·9	
<b>B</b>																						
Ajmer .	387 {	..	..	..	..	155·0	..	..	5·2 2·58	2·6	18·1 2·58	25·8 7·75	20·7	..	..	..	10·3	72·4	..	431·5 15·50	15·5	
Muttra .	274 {	..	..	..	..	485·4	..	..	..	40·1 7·30	14·6 3·65	69·3	94·9 3·65	..	..	..	14·6	113·1	..	1,116·8 14·60	43·8	
Agra, Central	1,961 {	..	..	..	..	163·2	..	..	1·0 ·51	22·9 5·10	57·6 2·55	9·7	36·2 ·51	..	1·0	..	4·6	127·0	..	687·4 12·24	43·9	
„ District	415 {	..	..	..	..	115·7	..	..	2·4 2·41	16·9	31·3 2·41	12·0 2·41	38·6	..	..	..	4·8	103·6	..	77·1 9·64	33·7	
Jhansi .	194 {	..	..	..	..	252·6 5·15	5·2	..	..	41·2	25·8	67·0	46·4 5·15	..	25·8	10·3	5·2	123·7	..	989·7 15·4	30·9	
Lalitpur .	42 {	..	..	..	..	119·0	..	..	..	23·8 23·81	23·8	..	23·8	..	..	..	..	95·2	..	169·0 23·8	23·8	
GROUP VIII.— S. E. RAJPU- TANA, CEN- TRAL INDIA, AND GUJA- RAT.	4,206 {	..	..	..	..	162·6	·2	..	2·6	18·3	38·0	19·0	35·0	..	1·7	·5	8·8	112·0	..	663·6 12·13	34·2	



JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE, PER 1,000 OF STRENGTH.												Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	
A																					
Damoh . . .	48 {	...	...	...	...	166·7	...	...	...	20·8	20·8	104·2	104·2	...	...	...	41·7	104·2	...	854·2 20·83	20·8
Saugor . . .	77 {	13·0	...	...	...	441·6	...	...	13·0	...	13·0	103·9	64·9	...	...	...	...	103·9	...	1,026·0 12·99	26·0
Jubbulpore, Central.	745 {	...	...	...	...	18·8	1·3 1·34	...	2·7 2·68	1·3	17·4	...	1·3	...	...	...	4·0 2·68	44·3	...	225·5 18·79	8·1
Narsinghpur . .	50 {	...	...	...	...	20·0	...	...	...	...	...	...	20·0	...	...	...	20·0	...	...	80·0	5·1*
Mandla . . .	83 {	...	...	...	...	72·3 12·05	...	...	12·0 12·05	...	12·0	12·0	12·0	...	...	...	...	...	...	168·7 36·14	4·5*
Bilaspur . . .	93 {	...	...	...	...	129·0	10·8	...	...	32·3	10·8	43·0	43·0	...	...	...	10·8	21·5	...	462·4 10·75	21·5
Sambalpur . . .	146 {	...	...	...	...	267·1	6·8	...	...	...	34·2	191·8	102·7	...	...	...	13·7	150·7	...	1,102·7	27·4
Raipur, Central.	509 {	21·6	...	...	2·0	174·0	17·7 3·93	...	9·8 1·86	9·8 1·96	19·6	47·2 13·75	49·1 1·96	...	...	...	33·4	66·8	...	656·2 37·33	29·5
Balaghat . . .	53 {	...	...	...	18·9	132·1	...	...	...	...	37·7	56·6	18·9	...	...	...	75·5	113·2	...	566·0 18·87	18·9
Seoni . . .	35 {	...	...	28·6	...	114·3	...	...	...	28·6 28·57	...	85·7	...	...	...	...	...	85·7	...	628·6 28·57	28·6
Chhindwara . .	37 {	...	...	...	...	216·2	...	...	...	...	27·0	27·0 27·03	...	...	...	...	...	27·0	...	486·5 27·03	27·0
Hoshangabad . .	63 {	...	...	...	15·9	222·2	...	...	...	...	...	15·9	269·8 15·87	...	...	...	...	95·2	...	888·9 47·62	15·9
Nimar . . .	56 {	17·9	...	...	...	303·6	...	...	...	...	35·7	107·1	89·3	17·9	...	...	...	89·3	...	1,000·0 17·86	17·9
Betul . . .	32 {	...	...	...	...	156·2	...	31·2	31·2	...	...	62·5	218·8	...	...	...	93·8 31·25	93·8	...	937·5 31·25	31·2
Nagpur, Central.	633 {	31·6	...	...	...	385·5	...	...	1·6 1·58	3·2	23·7	25·3	17·4	...	...	...	9·5	56·9	...	782·0 6·32	20·5
Bhandara . . .	55 {	...	...	...	...	...	...	...	18·2	...	...	72·7	18·2	...	...	...	...	36·4	...	145·5	4·2*
Wardha . . .	53 {	...	...	...	...	132·1	...	...	...	...	...	75·5	37·7	...	...	...	...	188·7	...	622·6	18·9
Chanda . . .	57 {	...	...	...	...	105·3	...	...	...	...	...	70·2	17·5	...	...	...	...	35·1	...	298·2	17·5
B																					
Secunderabad . .	79 {	...	...	...	...	126·6	...	...	...	...	...	75·9	63·3	...	...	...	...	101·3	...	924·1	25·3
Yeotmal . . .	59 {	...	...	...	...	84·7	...	...	...	16·9	...	16·9	84·7	...	...	...	16·9	101·7	...	423·7	16·9
Amraoti, Central.	245 {	...	...	...	...	40·8	...	...	...	16·3 4·08	49·0 4·08	69·4 20·41	8·2	...	...	24·5	8·2	40·8	...	436·7 28·47	24·5
Akola, Central	202 {	...	...	...	...	64·4	...	...	5·0	5·0	24·8 4·95	14·9	9·9	...	...	...	14·9	104·0	...	514·9 19·80	19·8
Buldana . . .	56 {	...	...	...	...	89·3	...	...	...	...	...	53·6 17·86	17·9	...	...	17·9	...	17·9	...	357·1 17·86	17·9
Dhulia . . .	428 {	...	...	...	...	158·9 2·34	...	...	4·7 4·67	4·7 2·34	11·7	21·0 2·34	35·0 11·68	...	4·7	11·7 4·67	16·4	53·7	...	521·0 35·05	35·0
Yerrowda, Central.	1,523 {	7·06	...	...	...	441·9 66	...	7	2·0 1·31	2·0 66	40·1 66	86·7 606	63·0 1·31	...	8·5	7	11·8	129·3	...	1,302·7 13·13	55·2
Bijapur . . .	297 {	...	...	...	...	138·0	...	...	...	...	20·2	10·1	23·6	...	...	...	...	37·0	...	552·2 6·73	16·8
Deccan Gang . .	492 {	...	2·0	...	...	69·1	...	4·1	...	...	18·3 4·07	18·3	26·4	...	...	...	...	241·9 2·03	...	676·8 12·20	24·4
Dharwar . . .	357 {	...	...	...	2·8	84·0	...	...	...	...	5·6	28·0	16·8	...	...	...	2·8	42·0	...	352·9 5·60	14·0
GROUP IX.— DECCAN.	6,563 {	5·2 15	2	2	6	213·9 46	1·8 46	6	2·7 1·83	3·7 76	23·2 76	46·8 2·44	38·7 1·37	2	2·3	2·0 30	10·8 46	89·7 15	...	726·5 16·46	28·6

\* Worked on the aggregates.



# PRISONERS, 1907.

## TABLE XLII—concluded.

RATIOS of FAILS, GROUPS, and ADMINISTRATIONS.

For actuals see Table XLIII.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE PER 1,000 OF STRENGTH.														Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, and Slough, and Gangrene.	ALL CAUSES.			
Thana	524 {	1'9	...	...	...	74'4	...	1'9	3'8 1'91	7'6 1'91	38'2	24'8	70'6 1'91	...	1'9	...	11'5 1'91	47'7	...	482'8 7'63	24'0		
Bombay, Common.	364 {	...	...	...	...	164'8	5'5	...	24'7 10'99	11'0 5'49	71'4 5'49	74'2 8'24	38'5 5'49	...	...	...	11'0 2'75	33'0	2'7	620'9 41'21	24'7		
Bombay, House of Correction.	166 {	...	...	...	...	90'4	...	...	30'1 18'07	...	36'1	30'1	42'2	...	6'0	36'1 6'02	54'2	...	...	560'2 48'19	30'1		
Ratnagiri	113 {	...	...	...	...	44'2	...	...	...	8'8	17'7 8'85	115'0	8'8	...	...	...	...	88'5	...	389'4 8'85	17'7		
Karwar	159 {	...	...	...	...	138'4	...	...	...	...	44'0	6'3	31'4	...	...	...	...	18'9	...	553'5	31'4		
Mangalore	129 {	...	...	...	...	...	...	...	...	...	7'8	93'0	...	...	...	...	...	...	...	162'8 7'75	7'8		
Cannanore, Central.	835 {	...	...	...	31'1 8'38	93'4 2'40	1'2	13'2	10'8 3'59	8'4 '99	26'3	121'0 5'99	33'5	...	...	...	20'4	13'2	...	444'3 32'34	20'4		
GROUP X.—WESTERN COAST.	2,290 {	4	...	...	11'4 3'06	95'6 '87	1'3	5'2	10'9 4'80	7'0 3'49	36'7 1'31	75'1 3'49	40'2 1'31	...	4	4	14'4 1'31	30'6	4	478'6 24'45	22'7		
A																							
Bellary, Central	707 {	...	...	...	...	148'5 2'83	2'8	9'9	9'9 2'83	1'4	14'1	41'0 2'83	18'4	...	...	...	8'5	97'6	...	823'2 15'56	29'7		
Salem, Central	763 {	...	...	...	...	72'1	...	...	2'6 1'31	7'9 2'62	11'8	60'3 3'93	...	...	...	...	...	6'6	...	255'6 10'48	9'2		
Coimbatore, Central	1,246 {	...	59'4 25'68	...	8	22'5 1'61	...	12'0	6'4 3'21	4'0	17'7	101'9 4'82	8 '80	...	...	...	4'0 '80	25'7	...	384'4 44'14	17'7		
B																							
Palamecottah	351 {	...	...	...	2'8	71'2	...	2'8	5'7 8'55	...	8'5	176'6 2'85	...	...	...	...	25'6	19'9	...	435'9 14'25	28'5		
Madura	457 {	...	39'4 10'94	2'2	4'4	96'3 2'19	...	...	2'2	...	26'3	70'0	...	...	...	...	6'6	8'8	...	439'8 17'51	19'7		
Trichinopoly, Central.	930 {	...	...	...	...	14'0	...	...	21'5 6'45	2'2 1'08	3'2 1'08	3'2 2'15	...	...	...	...	...	6'5	...	212'9 17'20	18'3		
Tanjore	380 {	...	...	...	...	...	...	10'5	7'9	2'6 2'63	2'6	31'6	5'3	...	...	...	7'9	5'3	...	173'7 18'42	13'2		
Cuddalore	346 {	...	...	...	...	23'1	5'8	2'9	2'89	2'9	8'7	57'8 2'89	2'9	...	...	...	5'8	...	...	202'3 14'45	5'8		
Vellore, Central.	1,241 {	...	...	...	...	45'1	8	14'5	1'6	6'4 3'22	36'3	30'6 2'42	3'2	...	...	...	9'7 '81	52'4	...	445'6 7'25	16'1		
Madras, Civil.	36 {	...	...	...	...	...	...	...	27'8	...	...	55'6	...	...	...	...	...	...	...	166'7	7'3		
Madras Penitentiary, Central.	966 {	...	3'1 1'04	...	...	21'7	1'0	...	5'2 3'11	6'2 3'11	15'5 1'04	4'1	...	...	...	...	16'6	8'3	...	212'2 14'49	9'3		
Nellore	91 {	...	...	...	...	54'9	...	22'0	11'0 10'99	...	22'0	...	...	...	...	...	...	...	...	230'8 10'99	11'0		
C																							
Rajahmundry, Central.	958 {	...	...	...	...	88'7 2'09	...	24'0	3'1	2'1	18'8	55'3 2'09	...	1'0	...	...	29'2 1'04	34'4	...	420'7 11'48	33'4		
Vizagapatam.	513 {	...	...	...	...	109'2 1'95	...	...	1'9 1'95	19'5 5'85	13'6	74'1 7'80	21'4	1'9 1'95	...	...	...	11'7	...	481'5 21'44	27'3		
Berhampur	121 {	...	90'9 8'20	...	8'3 8'26	16'5	...	33'1	8'3	...	...	8'3	...	...	...	...	...	8'3	...	330'6 16'53	8'3		
GROUP XI.—SOUTHERN INDIA.	9,106 {	...	11'6 4'28	1	5 '11	55'2 '88	7	8'2	6'3 2'42	4'6 1'54	16'5 '22	51'3 2'64	3'5 '11	2 '11	...	...	9'2 '33	26'1	...	375'5 17'90	18'9		

\* Worked on the aggregates.



JAILS, GROUPS AND ADMINIS- TRATIONS.	Average annual strength.	1. ADMISSION RATE.							2. DEATH RATE PER 1,000 OF STRENGTH.													Average number constantly sick per 1,000 of strength.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Con- tinued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.		
Shillong .	48 {	...	...	...	...	125'0 20'83	...	...	...	...	...	166'7 20'83	20'8	...	...	...	...	41'7	...	500'0 83'33	20'8	
Darjeeling .	100 {	...	...	...	...	440'0 ...	10'0 10'00	...	10'0	30'0	100'0	70'0	70'0	...	...	...	40'0	80'0	...	1,130'0 10'00	50'0	
Almora .	89 {	...	...	...	...	89'9	...	...	...	11'2	44'9	11'2	...	...	...	...	...	67'4	...	460'7 11'24	33'7	
Pauri .	13 {	...	...	...	...	...	1,153'8	...	...	...	...	...	...	...	...	...	...	...	...	1,153'8	76'9	
Naini Tal .	25 {	...	...	...	...	80'0	40'0	...	...	...	...	80'0	200'0	...	...	...	40'0	280'0	...	1,160'0	40'0	
Simla .	12 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abbottabad .	90 {	...	...	...	11'1	233'3	...	...	...	11'1	11'1	44'4	33'3	...	...	...	11'1	55'6	...	588'9	11'1	
Quetta .	46 {	...	...	...	...	587'0	...	...	...	...	87'0	130'4	21'7	...	...	21'7	...	369'6	...	2,021'7	43'5	
Mercara .	89 {	...	...	...	...	22'5	...	...	...	22'5	22'5	112'4 33'71	78'7 11'24	...	...	...	22'5 11'24	33'7	...	370'8 123'59	11'2	
Russellkonda .	96 {	...	...	...	...	10'4	...	20'8	...	...	...	20'8	10'4	...	...	...	...	...	...	72'9	3'1*	
GROUP XII.— HILLS.	608 {	...	...	...	1'6	182'6 1'64	28'0 1'64	3'3	1'6	11'5	34'5 1'64	65'8 6'58	41'1 1'64	...	...	1'6	13'2 1'64	78'9	...	671'1 27'96	25'2	
EXTRA INDIA— Aden .	71 {	...	...	...	...	14'1	...	...	28'2 14'08	...	...	14'1	...	...	...	...	14'1	84'5	...	281'7 14'08	28'2	
INDIA (a)	93,264 {	4'9 '08	1'5 '59	7'06	7'20	190'2 '79	1'1 '15	5'1	7'5 2'74	11'5 2'90	27'5 '73	67'9 2'57	34'4 '80	2'10	8'03	7'06	11'2 '45	70'5 '03	1'04	623'8 17'72	27'3	
BURMA .	13,721 {	6'15	4'22	1'...	1'07	36'4 '22	5'15	13'9	4'9 3'06	2'3 '80	7'1 '44	20'0 '73	7'1 '29	4'22	1'07	4'07	2'3 '22	50'2 '07	1'...	255'5 11'88	13'8	
EASTERN BENGAL AND ASSAM.	7,310 {	36'0 '27	2'2 '96	1'0 '14	4'41	255'5 2'33	1'4 '27	...	10'4 3'97	7'3 2'87	21'3 '96	215'3 7'25	75'6 1'23	3'14	...	3'...	21'8 '68	37'6	...	860'5 29'55	37'5	
BENGAL .	14,408 {	2'07	6'35	2'0 '28	1'07	344'7 '90	2'0 '14	1'8	12'5 3'12	10'5 2'64	34'3 '62	143'2 2'85	71'9 '35	2'07	6'...	6'...	12'6 '42	58'4	1'07	938'2 16'94	35'6	
UNITED PROVIN- CES.	23,887 {	4'6 '04	1'04	1'0 '04	2'08	199'8 '88	1'2	5'5	5'4 1'67	15'6 3'43	22'9 '96	36'5 1'93	23'4 1'05	1'13	1'0	1'...	10'6 '17	92'8 '04	2'08	602'9 15'03	28'6	
PUNJAB .	11,154 {	2'3	...	2'...	1'1 '27	231'5 '45	5'27	2'5	10'6 3'86	19'3 4'03	51'6 '54	33'2 2'06	34'0 1'34	...	1'...	6'09	15'2 '90	103'6	2'09	706'8 19'81	30'3	
N.-W. FRONTIER PROVINCE	1,183 {	6'8	...	...	2'5	430'3	...	...	8'5 3'38	24'5 5'92	44'0	87'9 3'38	103'1 '85	...	4'2 '85	...	13'5	244'3	...	1,208'8 17'75	35'0	
CENTRAL PROVINCES.	3,241 {	10'2	...	3'...	9'...	157'1 '31	3'4 '93	3	4'0 2'47	5'9 '93	19'7 '62	33'9 4'32	29'9 '62	3'...	...	2'2	13'3 '93	59'9	...	525'8 19'44	18'1	
BOMBAY .	7,537 {	3'13	1'...	...	7'13	177'5 '53	3'...	1'7	5'8 2'52	10'8 5'84	52'5 1'46	44'8 1'86	37'0 1'59	...	4'5 '13	3'8 '53	11'3 '93	79'7 '13	1'...	693'0 20'96	31'9	
MADRAS .	10,166 {	...	10'4 3'84	1'...	3'0 '79	57'2 '98	7'20	8'7	6'5 2'46	4'8 1'87	17'0 '20	57'2 2'85	6'0 '10	2'10	...	...	9'9 '30	24'5	...	375'6 18'79	18'7	
ANDAMANS .	14,411 {	1'1	1'07	...	...	1,318'6 1'67	1'0 '56	22'6 '07	8'2 5'20	13'9 4'30	54'3 '90	109'8 3'12	31'2 '69	...	3'14	4'2	...	87'8 '07	...	1,902'7 23'59	77'9	
INDIA (b)	107,675 {	4'4 '07	1'3 '52	6'06	6'18	341'2 '91	1'1 '20	7'5 '01	7'6 3'07	11'8 3'08	31'1 '75	73'5 2'05	34'0 '79	1'08	7'05	1'1 '06	9'7 '39	72'8 '04	1'04	795'0 18'51	34'0	

\*Worked on the aggregates.  
(a) Excluding Andamans.  
(b) Including Andamans.



## PRISONERS, 1907.

TABLE XLIII.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.
Mergui . . .	59 {	..	..	..	25	..	..	..	..	2	2	1	..	..	..	..	4	..	42	1	..	..	..	..	1
Tavoy . . .	115 {	..	..	..	1	2	..	..	2	..	1	..	..	..	..	..	1	..	8	2	..	..	..	..	1
Moulmein . .	560 {	..	1	..	8	..	..	6	29	8	13	..	..	..	..	..	37	..	235	4	..	..	..	..	14
Shwegyin . .	170 {	..	..	..	22	..	..	..	1	1	1	..	..	..	..	..	16	..	66	2	..	..	..	..	3
Toungoo . . .	565 {	8	..	..	7	..	1	3	2	3	7	..	..	3	1	21	..	158	10	..	..	..	..	..	14
Rangoon, Central (Europeans) }	20 {	..	..	..	..	..	5	..	..	1	..	..	..	..	..	..	..	22	..	..	..	..	..	1	
Rangoon, Central (Natives). }	2,476 {	..	..	..	38	..	127	24	1	11	32	29	1	1	1	241	..	859	42	..	..	..	..	..	41
Maubin . . .	231 {	..	1	..	3	..	..	1	..	1	3	..	..	1	1	3	..	36	5	..	..	..	..	..	3
Myaungmya . .	903 {	..	1	..	15	..	..	1	1	2	8	3	1	..	..	3	20	..	106	4	..	..	..	..	6
Bassein, Central	1,165 {	..	..	..	15	..	10	6	2	6	17	..	..	..	1	43	..	242	9	..	1	..	..	..	18
Insein, Central .	2,349 {	..	1	..	196	..	..	12	2	2	..	..	..	..	4	102	..	457	24	..	..	..	..	..	23
Henzada . . .	398 {	..	1	..	6	..	4	1	1	3	1	..	..	..	1	6	..	47	5	..	..	..	..	..	2
Myanaung . . .	77 {	..	..	..	..	2	1	..	..	..	2	..	..	..	1	..	..	11	..	..	..	..	..	..	1
Sandoway . . .	80 {	..	..	..	3	..	1	..	..	1	2	1	..	..	1	2	..	20	..	..	..	..	..	..	1
Kyaukpyu . . .	143 {	..	..	..	1	..	..	1	..	..	1	3	..	..	..	1	..	12	8	..	..	..	..	..	1
Akyab . . .	417 {	..	1	..	5	..	17	1	4	7	10	1	..	..	3	7	..	92	4	..	..	..	..	..	4
GROUP I.—BURMA COAST AND BAY ISLANDS. }	9,728 {	8	5	1	345	4	166	56	13	68	103	64	2	1	5	17	504	2,413	4	1	..	..	..	..	134
Paungde . . .	162 {	..	..	..	10	..	..	..	1	9	..	..	..	..	1	6	..	44	4	..	..	..	..	..	4
Prome . . .	346 {	..	..	..	38	..	1	1	5	4	2	..	..	..	7	66	..	217	6	..	..	..	..	..	10
Thayetmyo, Central. }	821 {	..	1	..	18	..	..	6	6	12	30	9	2	..	1	12	1	153	3	..	..	..	..	..	7
Magwe . . .	175 {	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	12	1	..	..	..	..	..	1
Yamethin . . .	99 {	..	..	..	..	..	..	..	..	2	..	..	..	..	..	3	..	20	3	..	..	..	..	..	1
Meiktila . . .	85 {	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	6	1	..	..	..	..	..	..
Pagan . . .	56 {	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..	13	..	..	..	..	..	..	1
Myingyan, Central. }	873 {	..	..	..	17	..	2	1	2	88	15	..	..	..	2	16	..	177	4	..	..	..	..	..	10
Mandalay, Central. }	827 {	..	..	..	37	..	9	2	6	6	35	4	..	..	1	70	..	322	9	..	..	..	..	..	14
Monywa . . .	101 {	..	..	..	2	..	..	..	2	..	..	..	..	..	..	1	..	17	..	..	..	..	..	..	2
Shwebo . . .	187 {	..	1	..	4	3	9	1	4	..	..	..	..	..	..	1	..	32	4	..	..	..	..	..	2
Mogok . . .	61 {	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2	2	..	..	..	..	..	..
Bhamo . . .	75 {	..	..	..	18	..	3	..	2	1	4	1	..	..	1	6	..	62	..	..	..	..	..	..	2
Katha . . .	74 {	..	..	..	..	..	..	..	..	..	3	..	..	..	..	1	..	6	..	..	..	..	..	..	..
Kindat . . .	51 {	..	..	..	4	..	..	..	..	..	..	..	..	..	1	3	..	10	1	..	..	..	..	..	1
GROUP II.—BURMA INLAND. }	3,993 {	..	1	1	155	3	25	11	19	29	172	34	3	..	15	185	1	1,093	38	1	..	..	..	..	55



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.
Cachar . . .	64 {	...	...	...	...	11 1	...	...	...	2 1	...	46 1	13 ...	...	...	...	...	2 ...	...	87 3	...	...	...	...	...	4
Sibsagar . . .	75 {	...	...	...	...	10 ...	...	...	...	...	...	7 ...	4 ...	...	...	...	...	4 ...	...	28 ...	...	...	...	...	...	1
Dibrugarh . . .	111 {	...	...	...	...	21 ...	...	...	1 ...	...	5 ...	7 ...	25 3	...	...	...	7 ...	4 ...	...	89 3	...	...	...	...	...	4
Tezpur . . .	327 {	...	...	...	1 1	32 1	...	...	...	...	2 ...	24 ...	...	...	...	...	3 ...	14 ...	...	128 6	...	...	...	2 2	...	5
Gauhati . . .	286 {	7 ...	...	...	...	73 3	...	...	5 3	...	10 ...	26 6	7 ...	...	...	2 ...	...	9 ...	...	168 13	...	...	...	1 1	...	14
Sylhet . . .	682 {	131 ...	...	...	...	358 1	3 ...	...	5 1	6 4	1 ...	158 4	34 ...	...	...	...	14 1	30 ...	...	838 17	...	...	...	...	...	15
GROUP III.—ASSAM.	1,545 {	138 ...	...	...	1 1	505 6	3 ...	...	11 4	8 5	18 ...	268 11	83 3	...	...	2 ...	24 1	63 ...	...	1,338 42	...	...	...	3 3	...	43
Mymensingh . . .	626 {	...	1 ...	...	1 1	210 ...	...	...	12 2	5 3	12 ...	256 2	195 1	...	...	...	18 ...	11 ...	...	910 18	...	...	...	...	...	30
Dacca, Central	1,243 {	16 ...	5 5	...	...	184 ...	...	...	14 9	...	45 2	173 6	86 ...	1 1	...	...	52 ...	70 ...	...	856 32	...	...	...	...	...	58
Tippera . . .	414 {	...	...	...	...	61 ...	...	...	...	2 1	1 ...	38 3	7 1	...	...	...	1 ...	7 ...	...	171 8	...	...	...	...	...	10
Chittagong . . .	234 {	...	...	1 ...	...	61 ...	...	...	4 2	1 1	6 2	70 2	15 ...	...	...	...	2 ...	5 ...	...	226 10	...	1 ...	...	...	...	10
Noakhali . . .	163 {	...	...	...	...	44 1	1 ...	...	...	1 1	1 ...	95 ...	28 ...	...	...	...	5 ...	6 ...	...	198 4	...	...	...	...	...	6
Bakarganj . . .	563 {	...	2 2	...	...	32 ...	...	...	8 2	4 1	10 ...	92 ...	10 1	...	...	...	24 3	21 ...	...	341 11	...	...	...	...	...	16
Khulna . . .	44 {	...	...	...	...	41 ...	...	...	...	1 1	2 ...	6 ...	1 ...	...	...	...	1 ...	7 ...	...	71 1	...	...	...	...	...	2
Jessore . . .	344 {	...	...	1 1	...	246 3	3 1	...	5 ...	11 2	21 1	130 1	11 ...	...	...	...	6 ...	25 ...	...	548 11	...	...	...	...	...	14
Baraset . . .	102 {	...	1 ...	...	...	16 ...	...	...	1 2	...	2 1	35 ...	3 ...	...	...	...	1 ...	4 ...	...	78 2	...	...	...	...	...	3
Presidency, Central (Europeans)	33 {	...	...	...	...	5 ...	...	...	...	...	2 ...	1 ...	3 ...	...	...	...	...	...	...	29 1	...	...	...	...	...	1
Presidency, Central (Natives)	1,218 {	2 ...	...	1 1	...	263 ...	...	...	11 2	7 1	41 3	172 4	143 ...	1 ...	...	...	14 ...	31 ...	...	891 16	2 ...	...	...	...	...	37
Alipore, Central	4,903 {	...	...	1 ...	...	849 3	...	...	61 13	25 3	54 ...	319 8	219 ...	...	...	...	1 ...	117 ...	...	2,249 34	1 ...	...	...	...	...	94
Howrah . . .	59 {	...	...	...	...	9 ...	...	...	...	1 ...	2 ...	9 ...	3 ...	...	...	...	1 ...	3 ...	...	46 ...	...	...	...	...	...	2
Hooghly . . .	333 {	...	...	...	...	77 ...	...	...	15 2	16 4	4 ...	40 1	59 1	...	...	...	5 1	27 ...	...	359 13	1 ...	...	...	...	...	15
Burdwan . . .	190 {	...	...	...	1 ...	136 ...	...	...	3 ...	2 ...	12 ...	37 1	15 ...	...	...	...	4 ...	15 ...	...	275 2	...	...	...	...	...	15
Krishnagar . . .	172 {	...	...	...	...	85 ...	...	...	1 ...	6 5	20 ...	23 ...	12 ...	...	...	...	16 ...	21 ...	...	295 9	...	1 ...	...	1 1	...	7
Faridpur . . .	368 {	109 2	...	...	1 1	275 2	...	...	11 1	14 2	13 1	177 7	34 ...	...	...	...	...	42 ...	...	842 20	...	...	...	...	...	35
Pabna . . .	207 {	...	...	...	...	22 ...	...	...	...	1 1	3 ...	2 ...	5 ...	...	...	...	1 ...	1 ...	...	51 2	...	...	...	...	...	2
Murshidabad . . .	280 {	...	...	...	...	122 1	...	...	1 ...	1 ...	10 ...	8 ...	11 ...	...	...	...	...	11 ...	...	234 4	...	...	...	...	...	10
Rajshahi, Central.	896 {	...	...	5 1	...	70 5	...	...	11 6	6 1	20 2	115 4	5 1	1 ...	...	...	5 ...	17 ...	...	304 25	3 ...	...	...	...	...	21
Bogra . . .	171 {	...	...	...	...	40 ...	4 2	...	...	...	1 ...	36 6	2 1	...	...	...	4 ...	2 ...	...	93 9	...	...	...	...	...	5
Malda . . .	130 {	...	...	1 ...	...	144 1	...	...	...	1 1	3 ...	15 ...	39 ...	...	...	...	7 ...	11 ...	...	259 3	...	...	...	1 ...	...	8
Dinajpur . . .	323 {	...	8 ...	...	...	70 ...	2 ...	...	3 2	3 1	17 ...	49 5	28 ...	...	...	...	3 ...	9 ...	...	247 9	...	...	...	...	...	6



# PRISONERS, 1907.

## TABLE XLIII—continued.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.			
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, and Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.
Rangpur . . .	242 {	..	..	..	..	126	..	..	2	5	5	167	1	..	..	1	2	..	336	..	..	..	..	..	20
Jalpaiguri . . .	137 {	..	..	..	..	18	..	..	..	2	1	13	14	..	..	12	6	..	94	2	..	..	..	..	4
Purneah . . .	262 {	..	..	..	..	121	..	..	5	1	3	35	10	..	..	5	12	..	219	..	1	..	..	..	9
Naya Dumka . . .	124 {	..	..	2	..	48	..	..	2	4	8	23	2	..	..	12	3	..	127	..	..	..	..	..	8
Suri . . .	223 {	..	..	..	..	189	..	..	8	1	17	27	17	..	..	2	11	..	394	..	..	..	..	..	9
Bankura . . .	217 {	..	..	..	..	41	..	..	5	1	31	15	28	..	2	6	15	1	212	1	..	..	..	..	11
Midnapore, Central. }	831 {	..	..	..	..	172	..	..	10	14	29	150	38	1	..	2	44	..	640	..	..	..	..	..	33
Balasore . . .	158 {	..	..	..	..	11	..	21	..	..	3	43	22	..	..	..	13	..	145	..	..	..	..	..	2
Cuttack . . .	245 {	..	..	..	..	6	23	..	2	3	8	23	6	..	1	1	13	..	131	1	..	..	..	..	5
Puri . . .	140 {	..	1	..	..	28	..	..	1	..	2	11	15	..	1	1	4	..	78	..	..	..	..	..	..
Angul . . .	75 {	..	..	..	..	14	..	..	1	..	..	9	1	1	..	1	5	..	40	..	..	..	..	..	..
GROUP IV.—BENGAL AND ORISSA. }	12,670 {	127	18	12	3	5,876	33	22	198	139	409	2,423	1,088	5	3	1	214	591	1	11,989	11	3	..	1	6
A		2	8	3	2	19	3	..	54	38	12	69	8	2	..	..	6	..	309	..	1	..	..	..	52
Chaibassa . . .	159 {	..	..	..	..	106	..	..	..	1	4	10	15	..	..	..	3	..	195	..	..	..	..	..	..
Purulia . . .	200 {	1	1	1	..	46	..	..	3	4	14	30	32	..	..	3	20	..	236	..	..	..	..	..	..
Ranchi . . .	158 {	..	..	..	..	7	..	..	..	..	2	24	1	..	..	1	6	..	53	..	..	..	..	..	..
Palamau . . .	101 {	..	..	..	..	16	..	..	1	1	1	67	7	..	..	2	6	..	123	..	..	..	..	..	..
Hazaribagh, Central. }	810 {	..	..	..	..	366	..	..	6	7	42	144	97	..	6	2	9	80	1,028	..	..	..	..	2	2
B		..	..	..	..	1	..	..	2	3	1	3	1	..	..	..	..	..	12	..	..	..	..	..	..
Gaya . . .	503 {	..	1	..	..	7	..	4	..	4	10	13	8	..	..	1	21	1	115	1	..	..	..	..	..
Bhagalpur, Central. }	1,738 {	..	..	1	..	313	..	..	10	21	44	90	30	..	..	2	18	61	844	..	..	..	..	..	3
Monghyr . . .	330 {	..	3	2	..	112	..	..	2	2	7	51	37	..	..	3	25	..	360	9	17	..	13	17	1
Darbhanga . . .	328 {	..	1	..	..	103	..	..	7	1	14	85	22	..	..	5	12	..	316	..	..	..	1	6	1
Champaran . . .	342 {	..	..	..	..	30	..	..	..	7	4	16	2	..	..	3	7	..	97	..	..	..	..	..	..
Muzaffarpur . . .	371 {	..	..	..	..	50	..	..	3	1	8	53	5	..	..	..	10	..	210	..	..	..	..	..	..
Patna . . .	362 {	..	..	1	..	55	..	..	1	3	7	27	11	..	..	..	24	..	172	..	..	..	..	..	..
Arrah . . .	298 {	..	..	..	..	111	1	..	3	1	9	54	22	..	..	3	17	..	268	..	1	..	..	..	..
Chapra . . .	283 {	..	1	..	..	94	..	..	3	..	3	61	31	..	..	8	11	..	267	..	..	..	6	..	..
Buxar, Central. }	1,226 {	..	..	19	1	989	..	..	7	2	39	177	74	..	4	41	128	..	1,899	..	..	..	..	5	..
Korantadih . . .	34 {	..	..	..	..	4	..	..	..	..	..	1	3	..	..	..	..	..	15	..	..	..	..	..	..
Ghazipur . . .	376 {	..	..	..	..	56	..	..	1	2	24	18	7	..	..	..	29	..	176	..	..	..	..	..	..
Azamgarh . . .	329 {	..	..	..	..	90	..	..	..	3	7	13	15	..	..	..	24	..	204	..	..	..	..	1	..
Gorakhpur . . .	540 {	..	..	5	..	123	..	..	2	5	9	181	27	..	11	89	28	..	633	4	..	..	..	..	..
Basti . . .	304 {	..	2	..	..	108	..	..	2	6	7	46	9	..	..	12	15	..	353	..	..	..	..	..	..
Fyzabad . . .	427 {	..	..	2	..	38	4	..	2	8	5	6	12	..	..	11	62	1	240	..	..	..	..	..	..
Sultanpur . . .	217 {	..	..	..	..	48	..	..	4	1	4	..	1	..	..	4	11	..	120	..	1	..	..	1	..



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus denalis.	Other Entozoa.
Rai Bareli .	366 {	..	..	..	..	11	1	..	3	2	4	3	6	..	..	1	13	..	113	..	..	..	..	..	8	
Partabgarh .	159 {	..	..	1	..	5	..	..	1	2	..	1	1	..	..	7	11	..	37	..	..	..	..	..	2	
Jaunpur .	314 {	..	..	..	..	65	..	..	4	9	8	11	10	..	..	6	39	..	199	..	..	..	..	..	6	
Benares, Central.	1,449 {	..	..	1	..	317	..	..	7	7	7	39	26	1	1	2	155	..	779	..	..	..	..	..	33	
„ District	429 {	..	..	..	..	62	..	..	3	4	1	19	9	..	..	2	47	..	222	..	..	..	..	..	10	
Mirzapur .	171 {	..	..	..	..	5	..	..	1	3	1	2	..	..	..	..	2	1	19	..	..	..	..	..	1	
Allahabad, Central.	1,283 {	..	..	..	..	37	..	123	8	2	20	17	55	..	..	..	289	..	815	..	..	..	..	..	46	
„ District	497 {	..	..	..	..	53	..	..	19	30	29	7	..	..	..	8	53	..	375	1	..	..	..	..	20	
Karwi .	32 {	..	..	1	..	4	..	..	1	2	..	..	..	..	..	..	..	..	12	..	..	..	..	..	1	
Banda .	152 {	..	..	1	..	55	..	..	1	1	16	13	8	..	..	2	29	..	199	..	..	..	..	..	7	
Fatehpur .	298 {	..	..	..	..	82	..	..	2	4	6	15	..	..	..	2	22	..	150	..	..	..	..	..	6	
Hamirpur .	105 {	9	..	..	..	73	..	..	4	6	6	9	2	..	..	1	6	..	141	..	..	..	..	..	5	
Orai .	129 {	..	..	..	..	67	..	..	5	1	8	6	..	..	..	1	10	..	116	..	..	..	..	..	2	
Cawnpore .	426 {	1	..	..	..	51	..	..	1	1	4	1	2	..	..	2	20	..	146	..	..	..	..	..	8	
Unao .	313 {	..	..	3	..	5	..	2	1	2	5	6	1	..	..	1	19	..	87	..	1	..	..	..	3	
Lucknow, Central.	1,557 {	..	..	1	..	42	..	..	9	5	28	13	8	..	..	1	55	..	258	..	..	..	..	..	22	
„ District	484 {	..	..	..	..	35	..	..	1	5	1	12	3	..	..	..	54	..	172	..	..	..	..	..	11	
Barabanki .	430 {	..	..	..	..	69	..	1	1	7	5	6	22	..	..	3	29	..	228	..	..	..	..	..	10	
Gonda .	408 {	..	..	..	..	26	..	..	3	2	2	3	1	..	..	6	14	..	131	..	..	..	..	..	6	
Bahraich .	356 {	..	..	1	..	49	..	..	8	5	16	4	..	..	..	9	41	..	205	..	..	..	..	..	11	
Kheri .	323 {	..	..	1	..	25	..	..	1	..	3	1	..	..	..	2	35	..	137	..	..	..	..	..	5	
Sitapur .	613 {	35	..	2	1	58	2	..	1	14	23	16	4	..	1	..	27	..	242	..	..	..	1	..	7	
Hardoi .	275 {	..	..	..	..	30	..	..	1	2	2	..	4	..	..	..	28	..	100	..	..	..	..	..	3	
Etawah .	261 {	..	..	..	1	26	..	..	1	10	14	9	2	..	..	4	25	..	131	..	..	..	..	..	4	
Mainpuri .	312 {	..	..	..	1	239	..	1	..	4	21	26	12	..	..	..	34	..	435	..	..	..	..	..	13	
Etah .	287 {	..	..	..	..	64	..	..	2	7	5	14	3	1	..	9	33	..	183	..	..	..	..	..	9	
Fatehgarh, Central.	1,461 {	..	..	..	..	109	..	..	8	7	14	13	4	1	..	..	56	1	286	..	..	..	..	..	18	
„ District	320 {	..	..	..	..	76	..	4	9	5	14	7	8	..	..	..	28	..	196	..	..	..	..	..	7	
GROUP V.— GANGETIC PLAIN AND CHUTIA NAGPUR.	22,646 {	46	9	42	5	4,612	8	135	127	223	507	1,470	693	3	18	9	282	1,774	4	14,048	15	20	..	21	22	6
A Shahjahanpur.	343 {	..	..	1	..	52	..	..	..	2	13	16	5	..	..	10	37	..	212	..	..	..	..	..	11	
Pilibhit .	48 {	..	..	..	..	12	..	..	1	1	..	4	..	..	..	..	2	..	32	..	..	..	..	..	1	
Bareilly, Central	1,70 {	..	1	..	..	911	..	..	16	30	8	10	4	..	1	..	5	89	2	1,197	..	..	..	..	53	



TABLE XLIII—continued.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever	Remittent Fever.	Simple Con- tinued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbrici- coides.	Dracunculus Medinensis.	Strongylus duo- denalis.	Other Entozoa.
Bareilly, District	698	...	...	2	...	310	...	...	10	20	33	32	19	...	...	...	3	87	...	660	...	1	...	4	...	27
Budaun	345	...	...	1	...	78	...	...	2	3	5	7	4	...	...	...	2	53	...	234	...	...	...	...	...	8
Aligarh	347	...	...	...	...	83	3	...	2	7	5	9	5	...	...	...	2	21	...	236	...	...	...	...	...	9
Bulandshahr	218	...	...	...	...	31	...	...	1	3	6	11	2	...	3	...	...	16	...	113	...	...	...	...	...	5
Moradabad	380	...	...	...	...	106	...	...	1	13	10	14	18	...	...	...	9	80	...	368	...	...	...	...	...	15
Bijnor	220	...	...	1	...	36	1	...	2	5	4	11	5	...	...	...	1	20	...	131	...	...	...	...	...	5
Dehra Dun	88	...	...	...	...	13	...	...	2	...	...	...	...	...	...	...	1	2	...	30	...	...	...	...	...	2
Saharanpur	339	...	...	...	...	175	...	...	1	16	10	114	59	...	...	...	...	35	...	519	1	...	...	...	...	22
Muzaffarnagar	154	3	...	...	...	95	...	...	...	13	4	5	8	...	...	...	3	17	...	219	...	1	...	...	...	6
Meerut	549	63	...	1	...	98	...	...	6	18	10	12	5	...	1	...	16	51	...	347	...	...	...	...	...	17
Delhi	416	...	...	...	...	102	...	...	3	18	14	9	2	...	...	...	5	30	1	217	1	...	...	...	...	13
Rohtak	131	...	...	...	...	60	...	...	...	1	4	4	5	...	...	...	2	13	...	116	...	...	...	...	...	3
Hissar	164	...	...	1	...	15	...	...	...	7	14	6	10	...	...	1	7	40	1	185	...	1	10	...	...	8
Karnal	98	...	...	...	...	47	...	...	...	7	17	3	8	...	...	...	...	14	...	120	...	...	...	...	...	3
Ambala	572	...	...	1	...	121	...	...	1	20	26	13	35	...	...	1	16	95	...	441	...	...	...	...	...	19
B																										
Ludhiana	213	13	...	...	...	15	1	...	1	3	1	4	...	...	...	...	...	11	...	83	...	...	1	...	...	3
Hoshiarpur	53	...	...	...	...	12	...	...	...	1	2	1	5	...	...	...	1	14	...	62	...	...	2	...	...	2
Jullundur	252	...	...	...	...	53	...	...	2	3	8	15	10	...	1	...	...	20	...	166	...	...	...	...	...	4
Ferozepore	373	...	...	...	...	8	...	19	3	20	22	7	7	...	...	...	11	19	...	223	...	...	6	...	...	12
Amritsar	156	...	...	...	...	71	...	...	1	...	6	6	13	...	...	...	5	27	...	205	1	...	...	...	...	6
Lahore, Central	1,590	7	...	8	...	351	...	...	23	16	158	12	7	...	...	1	12	166	...	1,085	3	...	6	...	...	66
„ District	418	...	...	1	...	66	...	...	6	4	13	8	9	...	...	...	3	50	...	264	...	...	...	...	...	12
„ Female	183	...	...	...	...	24	...	...	2	1	7	1	4	...	...	...	6	6	...	117	...	...	1	...	...	6
Gurdaspur	186	...	...	...	...	20	...	...	1	1	2	3	8	...	...	...	2	11	...	70	...	1	...	...	...	2
Gujranwala	267	3	...	...	...	4	...	6	3	8	4	1	...	...	...	...	...	5	...	58	...	...	...	...	...	2
Sialkot	322	...	...	...	...	40	...	...	2	2	4	3	3	...	...	...	1	9	...	88	...	...	1	...	...	4
Gujrat	107	...	...	1	...	37	...	...	2	1	2	4	10	...	...	...	...	18	...	122	...	...	...	...	...	2
Jhelum	153	...	...	...	...	71	...	...	1	4	10	4	1	...	...	1	...	20	...	153	...	...	1	...	...	3
Rawalpindi	649	3	...	1	...	363	...	...	4	5	31	41	12	...	...	1	43	102	...	683	...	...	8	...	...	21
Campbellpur	140	...	...	...	...	42	...	...	...	1	2	17	39	...	...	...	5	16	...	172	1	...	4	...	...	3
GROUP VI.— UPPER SUB- HIMALAYA.	11,880	92	1	7	12	3,522	5	25	99	254	455	407	322	...	6	5	171	1,196	4	8,928	7	4	40	4	...	375



JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duodenalis.	Other Entozoa.
A																										
Peshawar .	537 {	...	...	...	...	300	...	...	4	14	15	61	83	...	...	10	171	...	789	...	...	...	...	...	21	
Kohat .	105 {	...	...	...	2	17	...	...	...	3	4	15	7	...	...	1	6	...	76	...	...	...	...	...	3	
Bannu .	116 {	8	...	...	...	1	...	...	1	1	8	10	7	...	...	1	12	...	84	...	...	6	1	...	4	
Shahpur .	179 {	...	...	...	...	69	...	...	1	3	5	14	21	...	...	2	19	...	181	...	...	2	...	...	5	
Mianwali .	206 {	...	...	...	1	69	...	...	1	11	17	21	35	...	1	...	44	...	284	...	...	7	...	...	5	
Lyallpur .	226 {	...	...	...	...	8	2	...	1	3	5	2	3	...	...	...	6	...	52	...	...	...	...	...	2	
Jhang .	201 {	...	...	...	...	23	...	...	1	6	14	5	9	...	...	4	19	...	114	1	1	...	...	...	4	
Montgomery, Central. }	1,988 {	...	...	...	...	568	...	...	38	37	43	135	101	...	1	26	156	...	1,376	...	...	2	...	...	84	
Mooltan, Central. }	1,129 {	...	...	...	...	138	...	3	9	13	101	18	5	...	...	13	95	...	577	1	...	...	...	...	26	
„ District	571 {	...	...	...	...	95	3	...	11	13	19	4	11	...	...	5	115	...	484	2	...	...	...	...	14	
Dera Ismail Khan. }	335 {	...	...	...	...	170	...	...	5	10	24	14	22	...	5	...	3	95	...	428	...	...	18	...	...	12
Dera Ghazi Khan. }	199 {	...	...	...	...	90	...	...	1	6	25	9	6	...	...	...	16	...	186	...	...	...	...	...	4	
B																										
Sibi .	56 {	...	...	...	...	15	...	...	...	1	...	9	1	...	...	1	4	...	40	...	...	1	...	...	1	
C																										
Sukkur .	358 {	...	...	...	...	25	...	...	3	6	28	12	4	...	1	3	...	8	...	114	...	...	...	...	...	5
Sind Gang .	428 {	...	...	...	...	80	...	...	...	53	31	18	19	...	...	1	...	19	...	260	...	...	1	...	...	10
Hyderabad, Central. }	970 {	...	...	...	3	162	...	...	7	62	150	45	25	...	15	15	18	39	...	647	...	...	...	...	...	40
Karachi .	354 {	...	...	...	1	14	...	9	5	10	26	26	14	...	2	3	7	13	...	177	...	...	...	...	...	8
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJ-PUTANA.	7,958 {	8	...	...	7	1,844	5	12	88	252	515	418	373	...	23	24	91	837	...	5,869	4	1	37	1	...	248
A																										
Rajkot .	87 {	...	...	...	...	18	...	...	1	...	3	1	3	...	...	...	21	...	79	...	...	2	...	...	...	3
Ahmedabad, Central. }	846 {	...	...	...	...	51	...	...	5	4	14	13	13	...	...	17	71	...	392	...	...	7	...	...	...	16
B																										
Ajmer .	387 {	...	...	...	...	60	...	...	2	1	7	10	8	...	...	4	28	...	167	...	...	5	...	...	...	6
Muttra .	274 {	...	...	...	...	133	...	...	...	11	4	19	26	...	...	4	31	...	306	...	1	...	...	...	...	12
Agra, Central .	1,961 {	...	...	...	...	320	...	...	2	45	113	19	71	...	2	...	9	249	...	1,348	1	...	...	...	...	86
„ District	415 {	...	...	...	...	48	...	...	1	7	13	5	16	...	...	2	43	...	281	1	...	...	...	...	...	14
Jhansi .	194 {	...	...	...	...	49	1	...	...	8	5	13	9	...	5	2	1	24	...	192	...	...	...	...	...	6
Lalitpur .	42 {	...	...	...	...	5	...	...	...	1	1	...	1	...	...	...	4	...	26	1	...	...	...	...	...	1
GROUP VIII.—S.-E. RAJ-PUTANA, CENTRAL INDIA, AND GUJARAT.	4,206 {	...	...	...	...	684	1	...	11	77	160	80	147	...	7	2	37	471	...	2,791	3	1	14	...	...	144



# PRISONERS, 1907.

## TABLE XLIII—continued.

ACTUALS of JAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Con- tinued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respira- tory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumtri- coides.	Dracunculus Medinensis.	Strongylus duo- denalis.	Other Entozoa.
A																										
Damoh . . .	48 {	...	...	...	...	8	...	...	...	1	1	5	5	...	...	...	2	5	...	41	...	...	...	...	...	1
Saugor . . .	77 {	1	...	...	...	34	...	...	1	...	1	8	5	...	...	...	...	8	...	79	1	...	...	...	...	2
Jubbulpore, Central.	745 {	...	...	...	...	14	1	...	2	1	13	...	1	...	...	3	33	...	168	1	...	1	...	...	6	
Narsinghpur . . .	50 {	...	...	...	...	1	...	...	...	...	...	...	1	...	...	1	...	...	4	...	...	...	...	...	...	
Mandla . . .	83 {	...	...	...	...	6	...	...	1	...	1	1	1	...	...	...	...	...	14	...	...	...	...	...	...	
Bilaspur . . .	93 {	...	...	...	...	12	1	...	...	3	1	4	4	...	...	1	2	...	43	...	...	...	...	...	2	
Sambalpur . . .	146 {	...	...	...	...	39	1	...	...	...	5	28	15	...	...	2	22	...	161	...	...	...	...	...	4	
Raipur, Central	509 {	11	...	...	1	89	9	...	5	5	10	24	25	...	...	17	34	...	334	1	...	...	...	...	15	
Balaghat . . .	53 {	...	...	...	1	7	...	...	...	...	2	3	1	...	...	4	6	...	30	...	...	...	...	...	1	
Sconi . . .	35 {	...	...	1	...	4	...	...	...	1	...	3	...	...	...	...	3	...	22	...	...	...	...	...	1	
Chhindwara . . .	37 {	...	...	...	...	8	...	...	...	...	1	1	...	...	...	...	1	...	18	3	...	...	...	...	1	
Hoshangabad . . .	63 {	...	...	...	1	14	...	...	...	...	...	1	17	...	...	...	6	...	56	...	...	2	...	...	1	
Nimar . . .	56 {	1	...	...	...	17	...	...	...	...	2	6	5	1	...	...	5	...	56	...	...	...	...	...	1	
Betul . . .	32 {	...	...	...	...	5	...	1	1	...	...	2	7	...	...	3	3	...	30	...	...	...	...	...	1	
Nagpur, Central	633 {	20	...	...	...	244	...	...	1	2	15	16	11	...	...	6	36	...	495	...	...	1	...	...	13	
Bhandara . . .	55 {	...	...	...	...	...	...	...	1	...	...	4	1	...	...	...	2	...	8	...	...	...	...	...	...	
Wardha . . .	53 {	...	...	...	...	7	...	...	...	...	...	4	2	...	...	...	10	...	33	...	...	1	...	...	1	
Chanda . . .	57 {	...	...	...	...	6	...	...	...	...	...	4	1	...	...	...	2	...	17	...	...	...	...	...	1	
B																										
Secunderabad . . .	79 {	...	...	...	...	10	...	...	...	...	...	6	5	...	...	...	8	...	73	...	...	1	...	...	2	
Yeotmal . . .	59 {	...	...	...	...	5	...	...	...	1	...	1	5	...	...	1	6	...	25	...	...	...	...	...	1	
Amraoti, Central	245 {	...	...	...	...	10	...	...	...	4	12	17	2	...	...	6	2	10	...	107	...	...	...	...	6	
Akola, Central . . .	202 {	...	...	...	...	13	...	...	1	1	5	3	2	...	...	...	3	21	...	104	1	1	3	...	4	
Buldana . . .	56 {	...	...	...	...	5	...	...	...	...	...	3	1	...	...	1	1	...	20	...	...	...	...	...	1	
Dhulia . . .	428 {	...	...	...	...	68	...	...	2	2	5	9	15	...	2	5	7	23	...	223	...	...	14	...	15	
Yerro wda, Central.	1,523 {	1	...	...	...	673	...	1	3	3	61	132	96	...	13	1	18	197	...	1,984	1	3	39	...	84	
Bijapur . . .	297 {	...	...	...	...	41	...	...	...	...	6	3	7	...	...	...	11	...	164	...	...	15	...	...	5	
Deccan Gang . . .	492 {	...	1	...	...	34	...	2	...	...	9	9	13	...	...	...	119	...	333	...	...	11	...	...	12	
Dharwar . . .	357 {	...	...	...	1	30	...	...	...	...	2	10	6	...	...	1	15	...	126	...	...	16	...	...	5	
GROUP IX.— DECCAN }	6,563 {	34	1	1	4	1,404	12	4	18	24	152	307	254	1	15	13	71	589	...	4,768	9	4	104	...	2	186

JAILS AND GROUPS.	Average annual strength.	1. ADMISSIONS.														2. DEATHS.										Average number constantly sick.
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough, and Gangrene.	ALL CAUSES.	Tænia.	Ascaris lumbricoides.	Dracunculus Medinensis.	Strongylus duo-denal.	Other Entozoa.	
Thana . . .	524 {	1	...	...	...	39	...	1	2	4	20	13	37	...	1	...	6	25	...	253	1	...	7	...	...	13
Bombay, Common. }	364 {	...	...	...	...	60	2	...	9	4	26	27	14	...	...	...	4	12	1	226	...	...	1	...	...	9
Bombay House of Correction. }	166 {	...	...	...	...	15	...	...	5	...	6	5	7	...	...	1	6	9	...	93	...	...	...	...	...	5
Ratnagiri . .	113 {	...	...	...	...	5	...	...	...	1	2	13	1	...	...	...	...	10	...	44	...	...	...	...	...	2
Karwar . . .	159 {	...	...	...	...	22	...	...	...	...	7	1	5	...	...	...	...	3	...	88	...	...	2	...	...	5
Mangalore . .	129 {	...	...	...	...	...	...	...	...	...	1	12	...	...	...	...	...	...	...	21	...	1	...	...	...	1
Cannanore, Central }	835 {	...	...	26	7	78	1	11	9	7	22	101	28	...	...	...	17	11	...	371	...	...	1	...	...	17
GROUP X.—WESTERN COAST. }	2,290 {	1	...	26	7	219	3	12	25	16	84	172	92	...	1	1	33	70	1	1,096	1	1	11	...	...	52
A																										
Bellary, Central	707 {	...	...	...	...	105	2	7	7	1	10	29	13	...	...	...	6	69	...	582	2	...	67	...	...	21
Salem, Central	763 {	...	...	...	...	55	...	...	2	6	9	46	...	...	...	...	...	5	...	195	...	...	6	...	...	7
Coimbatore, Central. }	1,246 {	...	74	1	28	...	...	15	8	5	22	127	1	...	...	...	5	32	...	479	...	...	55	...	...	22
B																										
Palamcottah . .	351 {	...	...	...	1	25	...	1	2	...	3	62	...	...	...	...	9	7	...	153	...	...	2	...	...	10
Madura . . .	457 {	...	18	1	2	44	...	...	1	...	12	32	...	...	...	...	3	4	...	201	...	...	24	...	...	9
Trichinopoly, Central. }	930 {	...	...	...	...	13	...	...	20	2	3	3	...	...	...	...	...	6	...	198	...	4	21	2	...	17
Tanjore . . .	380 {	...	...	...	...	...	...	4	3	1	1	12	2	...	...	...	3	2	...	66	...	...	3	...	...	5
Cuddalore . .	346 {	...	...	...	...	8	2	1	...	1	3	20	1	...	...	...	2	...	...	70	...	...	7	...	...	2
Vellore, Central	1,241 {	...	...	...	...	56	1	18	2	8	45	38	4	...	...	...	12	65	...	553	...	1	15	...	...	20
Madras, Civil . .	36 {	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	6	...	...	...	...	...	...
Madras Penitentiary, Central. }	966 {	...	3	...	21	...	...	...	5	6	15	4	...	...	...	...	16	8	...	205	...	...	5	...	...	9
Nellore . . .	91 {	...	...	...	...	5	...	2	1	...	2	...	...	...	...	...	...	...	...	21	...	...	4	...	...	1
C																										
Rajahmundry, Central. }	958 {	...	...	...	...	85	...	23	3	2	18	53	...	1	...	...	28	33	...	403	...	2	21	...	...	32
Vizagapatam . .	513 {	...	...	...	...	56	...	...	1	10	7	38	11	1	...	...	...	6	...	247	6	...	...	...	...	14
Berhampur . .	121 {	...	11	...	1	2	...	4	1	...	...	1	...	...	...	...	...	1	...	40	...	...	1	...	...	1
GROUP XI.—SOUTHERN INDIA. }	9,106 {	...	106	1	5	503	6	75	57	42	150	467	32	2	...	...	84	238	...	3,419	9	7	231	3	2	170



# PRISONERS, 1907.

## TABLE XLIII—concluded.

ACTUALS of FAILS, GROUPS, and ADMINISTRATIONS on which the ratios in Tables XL—XLII have been calculated.

JAILS, GROUPS, AND ADMINISTRATIONS.	Average annual strength.	1. ADMISSIONS.										2. DEATHS.										Average number constantly sick.				
		Influenza.	Cholera.	Small-pox.	Enteric Fever.	Intermittent Fever.	Remittent Fever.	Simple Continued Fever.	Tubercle of the lungs.	Pneumonia.	Other Respiratory Diseases.	Dysentery.	Diarrhoea.	Hepatic Abscess.	Spleen Diseases.	Scurvy.	Anæmia and Debility.	Abscess, Ulcer, and Boil.	Phagedæna, Slough and Gangrene.	ALL CAUSES.	Tænia.		Ascaris lumbricoides.	Dracunculus Medicinensis.	Strongylus duodenalis.	Other Entozoa.
Shillong .	48 {	...	...	...	...	6	...	...	...	...	8	1	...	...	...	...	2	...	24	...	...	...	...	...	1	
Darjeeling .	100 {	...	...	...	...	44	1	...	1	3	10	7	7	...	...	4	8	...	113	...	...	...	...	...	5	
Almora .	89 {	...	...	...	...	8	...	...	...	1	4	1	...	...	...	...	6	...	41	...	...	...	...	1	3	
Pauri .	13 {	...	...	...	...	...	15	...	...	...	...	...	...	...	...	...	...	...	15	...	...	...	...	...	1	
Naini Tal .	25 {	...	...	...	...	2	1	...	...	...	...	2	5	...	...	1	7	...	29	...	...	...	...	...	1	
Simla .	12 {	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Abbottabad .	90 {	...	...	...	1	21	...	...	...	1	1	4	3	...	...	1	5	...	53	...	...	...	...	...	1	
Quetta .	46 {	...	...	...	...	27	...	...	...	...	4	6	1	...	...	1	17	...	93	...	...	...	...	...	2	
Mercara .	89 {	...	...	...	...	2	...	...	...	2	2	10	7	...	...	2	3	...	33	...	...	...	...	...	1	
Russellkonda .	96 {	...	...	...	...	1	...	2	...	...	...	2	1	...	...	...	...	...	7	...	...	...	...	...	...	
GROUP XII.—HILLS .	608 {	...	...	...	1	111	17	2	1	7	21	40	25	...	...	1	8	43	...	408	...	...	...	...	1	15
EXTRA INDIA—Aden .	71 {	...	...	...	...	1	...	...	2	...	...	1	...	...	...	1	6	...	20	...	...	...	...	...	2	
INDIA (a)†	93,264 {	2	1	2	2	413	8	10	176	84	145	230	57	...	3	8	112	238	...	2,312	1	2	5	6	2	2,541
* Remaining from 1906 Admissions		454	140	65	65	17,741	100	478	704	1,074	2,568	6,328	3,207	16	74	63	1,048	6,572	12	58,180	64	42	437	33	33	
Total deaths .		7	55	6	19	74	14	...	256	270	68	240	75	9	3	6	42	3	4	1,653	...	1	...	7	...	
Deaths out of hospital .		...	1	...	...	...	...	...	2	1	...	...	...	...	...	...	1	...	...	26	...	...	...	...	...	
BURMA .	13,721 {	8	5	2	1	500	7	191	67	32	97	275	98	5	1	5	32	689	1	3,506	5	1	...	...	...	189
EASTERN BENGAL AND ASSAM .	7,310 {	263	16	7	3	1,868	10	...	76	53	156	1,574	553	2	...	2	159	275	...	6,290	5	1	...	3	...	275
BENGAL .	14,408 {	3	9	29	2	4,967	29	26	180	152	494	2,063	1,036	3	9	9	182	842	2	13,518	16	20	...	21	26	510
UNITED PROVINCES .	23,887 {	111	3	23	5	4,772	23	131	128	372	547	871	560	3	24	3	254	2,217	5	14,401	9	5	...	5	3	690
PUNJAB .	11,154 {	26	...	2	12	2,582	6	28	118	215	576	370	379	...	1	7	169	1,156	2	7,884	10	3	51	...	...	338
N.-W. F. PROVINCE .	1,183 {	8	...	...	3	509	...	...	10	29	52	104	122	...	5	...	16	289	...	1,430	...	...	24	1	...	41
CENTRAL PROVINCES .	3,241 {	33	...	1	3	509	11	1	13	19	64	110	97	1	...	7	43	194	...	1,704	7	1	8	...	...	59
BOMBAY .	7,537 {	2	1	...	5	1,338	2	13	44	149	396	338	279	...	34	29	85	601	1	5,223	3	3	115	...	2	239
MADRAS .	10,166 {	...	106	1	31	582	7	88	66	49	173	582	61	2	...	...	101	249	...	3,818	9	8	232	3	2	188
ANDAMANS .	14,411 {	16	1	...	...	19,003	14	326	118	201	783	1,583	449	...	5	60	...	1,266	...	27,420	...	...	1	1	6	1,122
INDIA (b)††	1,07,675 {	7	1	2	2	808	10	10	300	108	208	290	73	...	3	9	112	308	1	3,284	1	2	6	6	2	3,663
* Remaining from 1906 Admissions		470	141	65	65	36,744	114	804	822	1,275	3,351	7,911	3,656	16	79	123	1,048	7,838	11	85,600	64	42	438	34	39	
Total deaths .		7	56	6	19	98	22	1	331	332	81	285	85	9	5	6	42	4	4	1,993	...	1	...	8	...	
Deaths out of hospital .		...	1	...	...	...	...	...	2	1	...	...	...	...	...	...	1	...	...	51	...	...	...	...	...	

\* Remaining + admitted = total treated; Remaining + admitted + died out of hospital = total cases.

† Including Ajmer, Sibi, Quetta, Secunderabad, and Mercara, and excluding Andamans.

†† Including Ajmer, Sibi, Quetta, Secunderabad, Mercara and Andamans.

(a) Including the subsidiary jails, the total figures are :—Average strength 98,645. Average constantly sick 2,616. Number of deaths 1,752. Number of admissions 61,686.

(b) Including the subsidiary jails, the total figures are :—Average strength 1,13,056. Average constantly sick 3,738. Number of deaths 2,092. Number of admissions 89,400.



GEOGRAPHICAL GROUPS.	1. AVERAGE STRENGTH.												2. CONSTANTLY SICK.	
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.	
GROUP I.—BURMA COAST AND BAY ISLANDS.	9,872	9,730	9,588	9,582	9,609	9,673	9,679	9,679	9,762	9,900	9,891	9,780	9,728	
	133	135	127	132	118	118	145	138	144	147	146	129	134	
GROUP II.—BURMA INLAND.	3,895	3,822	3,756	3,703	3,872	4,003	4,070	4,052	4,083	4,136	4,199	4,288	3,993	
	57	63	64	65	48	53	55	55	51	54	50	50	55	
GROUP III.—ASSAM.	1,490	1,515	1,521	1,527	1,539	1,581	1,550	1,601	1,597	1,553	1,517	1,557	1,545	
	37	39	48	35	41	46	42	44	53	47	39	34	43	
GROUP IV.—BENGAL AND ORISSA.	12,821	12,633	12,624	12,730	12,739	12,989	12,959	12,917	12,699	12,317	12,193	12,413	12,670	
	548	528	505	454	478	516	568	555	523	509	530	524	521	
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	22,263	21,916	21,791	21,754	21,856	22,336	22,745	23,206	23,591	23,560	23,315	23,328	22,616	
	525	497	501	541	547	540	571	650	714	688	642	720	595	
GROUP VI.—UPPER SUB-HIMALAYA.	11,479	11,303	10,928	10,966	11,233	11,587	11,976	12,376	12,668	12,645	12,709	12,626	11,830	
	382	345	331	329	350	364	350	381	434	399	372	417	375	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	8,012	8,065	7,935	7,787	7,683	7,832	8,063	8,114	8,083	8,033	7,975	7,826	7,958	
	265	269	250	219	221	244	259	250	245	254	252	245	248	
GROUP VIII.—S.-E. RAJPUTANA, CENTRAL INDIA, AND GUJARAT.	4,439	4,319	4,160	4,142	4,138	4,135	4,137	4,191	4,195	4,159	4,197	4,290	4,206	
	141	131	126	129	135	120	141	160	173	147	155	162	144	
GROUP IX.—DECCAN.	6,529	6,597	6,371	6,471	6,380	6,394	6,521	6,635	6,719	6,731	6,756	6,844	6,563	
	175	154	157	160	149	169	157	215	227	267	232	196	186	
GROUP X.—WESTERN COAST.	2,323	2,295	2,261	2,239	2,201	2,231	2,263	2,263	2,306	2,352	2,387	2,367	2,290	
	66	50	57	46	45	43	60	59	51	51	45	52	52	
GROUP XI.—SOUTHERN INDIA.	9,568	9,323	9,131	8,954	8,663	8,672	8,783	8,894	9,052	9,161	9,344	9,672	9,106	
	205	189	162	149	194	145	143	164	169	171	172	206	170	
GROUP XII.—HILLS.	512	548	540	573	603	601	631	677	684	657	633	639	608	
	13	14	11	13	14	17	17	16	18	17	18	16	15	
INDIA* . . . . .	93,305	92,019	90,694	90,504	90,598	92,154	93,455	94,688	95,507	95,274	95,256	95,698	93,264	
	2,549	2,415	2,342	2,276	2,343	2,394	2,509	2,688	2,803	2,746	2,684	2,753	2,541	

ADMINISTRATIONS.	1. AVERAGE STRENGTH.												2. CONSTANTLY SICK.	
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Average for the year.	
BURMA . . . . .	13,767	13,552	13,344	13,285	13,481	13,676	13,749	13,741	13,845	14,036	14,090	14,068	13,721	
	190	198	191	193	166	171	200	193	195	201	196	179	189	
EASTERN BENGAL AND ASSAM . . . . .	7,203	7,157	7,234	7,265	7,285	7,602	7,641	7,640	7,491	7,187	6,942	7,075	7,310	
	287	279	275	231	245	278	297	303	295	281	276	243	275	
BENGOAL . . . . .	14,790	14,527	14,260	14,237	14,271	14,354	14,371	14,403	14,467	14,407	14,335	14,477	14,408	
	509	490	473	494	515	502	515	548	543	524	502	534	510	
UNITED PROVINCES . . . . .	23,314	22,991	22,799	22,872	22,079	23,560	24,041	24,531	24,974	24,811	24,822	24,790	23,887	
	608	562	570	585	594	627	658	737	835	778	778	808	690	
PUNJAB . . . . .	11,260	11,204	10,926	10,742	10,639	10,829	11,030	11,340	11,404	11,405	11,559	11,458	11,154	
	362	357	340	309	320	344	342	340	343	329	328	241	338	
N.-W. F. PROVINCE . . . . .	1,138	1,131	1,084	1,118	1,164	1,156	1,212	1,218	1,258	1,235	1,229	1,247	1,183	
	34	33	30	33	36	41	50	51	46	52	49	41	41	
CENTRAL PROVINCES . . . . .	3,206	3,169	3,190	3,262	3,195	3,209	3,254	3,278	3,255	3,255	3,281	3,345	3,241	
	48	42	40	44	52	51	49	69	85	89	74	60	59	
BOMBAY . . . . .	7,310	7,148	7,040	7,068	7,179	7,475	7,620	7,845	7,997	8,014	7,889	7,839	7,537	
	277	240	236	211	195	208	208	244	258	287	279	244	239	
MADRAS . . . . .	10,596	10,432	10,159	9,986	9,648	9,648	9,847	9,995	10,156	10,279	10,479	10,796	10,166	
	219	202	175	158	207	160	167	190	169	194	192	231	288	
INDIA† . . . . .	93,305	92,019	90,694	90,504	90,598	92,154	93,455	94,688	95,507	95,274	95,256	95,698	93,264	
	2,549	2,415	2,342	2,276	2,343	2,394	2,509	2,688	2,803	2,746	2,684	2,753	2,541	
ANDAMANS . . . . .	14,581	14,541	14,505	14,458	14,435	14,456	14,405	14,314	14,343	14,305	14,294	14,278	14,411	
	986	997	1,046	1,080	1,027	1,223	1,216	1,103	1,150	1,157	1,173	1,220	1,122	
INDIA‡ . . . . .	107,886	106,560	105,199	104,662	105,033	106,610	107,860	109,032	109,850	109,579	109,550	109,976	107,675	
	3,535	3,412	3,388	3,356	3,440	3,627	3,725	3,796	3,953	3,903	2,862	2,973	3,663	

\* Including Aden and excluding Andamans.

† Including Ajmer, Sibi, Quetta, Secunderabad, and Mercara, and excluding Andamans.

‡ Including Andamans.



# PRISONERS, 1907.

## TABLE XLIV.

ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.

### BURMA.

**Kyaukpyu.**—The overcrowding which lasted for eight days among convicts and for 131 days among under-trial prisoners, during the year, was relieved by allowing the short-term prisoners to sleep in the female enclosure which was vacant. There was no local cause of sickness. The sickness and mortality were due chiefly to diarrhoea but the cause cannot be explained as the disease was not epidemic at any time. The Inspector-General remarks :— “ In December 1907 the plan and estimate for extending the under-trial ward so as to provide accommodation for 22 prisoners were countersigned by me and transmitted to the Superintending Engineer of the Circle concerned. The whole question of the large number of deaths was carefully enquired into. No general ill-health among the prisoners was discovered. I considered that prisoners were not so readily admitted to hospital as they should have been. Instructions were issued to the superintendent.”

**Toungoo.**—The ward for civil and simple prisoners, which is used for quarantine purposes, was overcrowded for 310 days during the year, but as the ventilation was good, no ill effects resulted therefrom. No particular local condition had any effect in causing sickness or mortality. An improvement in the ventilation of the wards on the ground floor of the hospital was recommended by the Inspector-General of Prisons, and plans have been prepared and are now under consideration.

### EASTERN BENGAL AND ASSAM.

**Cachar.**—There was overcrowding for 18 days during the year, which was relieved by utilizing the female ward, which happened to be vacant at the time. The outbreak of dysentery, which occurred in October and November, was possibly due to the rice not being sufficiently well boiled ; it disappeared on more careful attention being paid to the boiling.

**Gauhati.**—The under-trial ward was overcrowded at times and the construction of a new one with larger accommodation has been sanctioned. The sleeping barracks for males are draughty and very cold during the winter months. The whole of the jail site is water-logged during the rains owing to defects in drainage ; a new drainage scheme has been sanctioned. The jail compound was carefully re-sloped towards the various drains and in this way the ground was kept drier than usual. The construction of a new segregation dysentery hospital outside the jail walls was proposed and sanctioned. It is said that considering the prevalence of cholera, dysentery and bowel complaints among the general population of Assam, the health of the prisoners was very good.

**Mymensingh.**—All the wards in the jail, except the female portion, were overcrowded throughout the year. The floor of the shed used to avoid severe overcrowding is damp and the structure is generally unsuitable. The under-trial ward has four rows of beds which is undesirable and the factories being structurally bad are not satisfactory. The overcrowding may possibly have influenced the general health of the prisoners to a certain extent. The country round the jail is swamp and rice fields. This jail receives prisoners from four sub-jails and transfers long-term convicts. It frequently happens that the prisoners when received are in bad or indifferent health and only those who are in good or fair health are transferred, and it therefore follows that an undue proportion of prisoners in bad and indifferent health are left in the jail and as a result more sickness or mortality must be expected. Cage latrines for the sleeping barracks ; a 32-seated latrine for the “ B ” class convicts, a day latrine for the hospital and a day and night latrine for female prisoners were provided during the year. The construction of new workshops and making the cook-house fly proof are recommended by the medical officer in charge.

**Dacca, Central.**—The jail was overcrowded throughout the year, to relieve which the two upper floors of the old barrack, the six ground floor wards of the three-storied barrack and the *durree* weaving-shed were used as workshops during the day and as sleeping barracks at night. There is no proper accommodation for civil prisoners, the construction of a civil ward has been begun but is not yet finished and the observation ward in the hospital is very small. The drainage round the jail is bad.

**Chittagong.**—The civil wards and cells were used to relieve the overcrowding which lasted for 21 days during the year. Ague and dysentery were prevalent during the first five months of the year, said to be due to the deficient rainfall ; water channels were not flushed and in places pools, where *anopheles* bred, were numerous. A new double-storied sleeping barrack was built on the site of the old barrack and came into use during the year.

**Noakhali.**—To relieve the overcrowding which practically existed during the whole of the year, 38 prisoners were accommodated in a work-shed. The ventilation of all the wards is defective and the sleeping wards are site-crowded. The drainage outside the jail is defective. The jail buildings are all *kutchas* ones with mat walls and thatched roofs ; three of them have high plinths but in the remainder the floors get very damp during the wet season ; it is proposed entirely to rebuild the jail.

**Faridpur.**—The *hajats* and “ A ” class wards were overcrowded for 176 days during the year. The cutchery latrine is quite near the hospital and during the summer months the plague of flies is very annoying and a source of conveyance of dysentery. The jail population included a large number of old men. An outbreak of influenza accounts for much of the sickness. Ague was also prevalent in spite of prophylactic measures but the two deaths from this disease were among prisoners who were practically moribund when received into the jail. The hospital kitchen was made fly-proof and the upper parts of the doors of the female, civil and *hajats* wards were removed to improve the ventilation, and the medical officer in charge recommends the fly-proof screening of a portion of the general cook-shed. The Inspector-General remarks :— “ When it was found that large numbers of prisoners were losing weight and that the sickness was great, orders were issued for a fish diet of 2 chittacks per prisoner, three times a week (replacing the seer for every fifty prisoners). This has been in force for some months and was followed by great improvement in prisoners’ weights and by improved general health.”

**Bogra.**—The convict wards were slightly overcrowded during January, February and March. The under-trial ward and the workshop which was occupied at night throughout the year, were overcrowded during January, February and for a few days in April. The jail is situated on the bank of the river Karatia, the condition of which is not good and affects the health of the jail to some extent. The following sanitary improvements were effected during the year :— (1) the *durree* shed was converted into a segregation ward ; (2) one new *pucca* well was sunk inside the jail ; (3) each of the windows of the first floor was cut off at the top to the extent of two feet for ventilation and sunshades were put up over them ; (4) all *kutchas* drains inside and outside the jail were made *pucca*.

**Rangpur.**—Overcrowding, which lasted for 241 days during the year, was relieved by using the verandah of the upper story of building Nos. 1 and 2 during the months of August, September, October and November. The old stable barrack is damp and insanitary. The hospital was overcrowded almost throughout the year and the accommodation is unsuitable and insufficient. It is under contemplation to add extra accommodation for 100 prisoners and to construct a new hospital with 45 beds. A room for treating female sick and an extra working shed are necessary and will be provided. Within and without the jail some of the drains fail to carry off the water. The jail is surrounded by damp marshy ground with stagnant ponds. The local cause of sickness is said to be the general dampness of the lower floors and workshops, and also the crowding into a small area of the well, dysentery ward, its drains, *dhobis’* hut, washing platforms, kitchen, feeding ground and cook-shed—all of which are too close to each other to be as sanitary as could be desired.

**Jalpaiguri.**—The jail was overcrowded throughout the year. The factory accommodation should be increased owing to the overcrowding, cage latrines should be provided in each ward and a day latrine in the solitary cell compound, a shed over the feeding platform is also required in the rains. The main drain inside the jail is *kutchas* and water lodges during heavy rains. Generally speaking the prisoners are said to be of poor physique and suffer from the after effects of malaria, which is so prevalent outside the jail. Their poor health makes them specially liable to chills which bring on relapses of fever and bowel troubles contracted outside.

**Shillong.**—The slight overcrowding, which existed during December, was relieved by transfers to other jails. Dysentery was prevalent in the town during the year. A new building has been constructed for the accommodation of under-trial prisoners and the male convict wards are under construction.

### BENGAL.

**Jessore.**—Overcrowding lasted for 29 days during the year. The sickness and mortality are generally due, it is stated, to the climatic influence of the district and to the poor health of the majority of the prisoners on admission. The Inspector-General remarks :— “ A very water-logged and unhealthy district. Jail results good on the whole. Many recent sanitary improvements.”

**Hooghly.**—Ward No. 1 (segregation) was overcrowded for 10 days and the female ward for 11 days during the year. Some special cells in the hospital compound for the isolation of infectious cases and observation are much needed. In all the wards, except the one used



TABLE XLIV—*continued.*

*ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

as a hospital, the prisoners sleep in rows four deep between windows. The medical officer in charge of the jail says that the diseases prevalent in the jail have been the ordinary endemic diseases of a country which is water-logged for several months in the year—is little above sea level, and therefore incapable of efficient drainage, and the climate of which, for eight months of the year, is one of moist heat, for the other four months of damp, not bracing, cold. The Inspector-General remarks :—"An unhealthy district, arrangements satisfactory."

**Krishnagar.**—A *kutch*a shed in the inner yard of the jail, capable of accommodating 33 prisoners was used to relieve the overcrowding which lasted for 192 days, during February to September inclusive. The dormitory accommodation is insufficient and the ventilation bad; in the factories or workshops the floors are damp, walls bad and roof not always water-tight or sunproof; the hospital accommodation inadequate and utterly unsatisfactory; the cells are insufficient and the inmates cannot sleep out of draught. The hospital wards are over-ventilated. The entrance staircase to the general hospital needs a roof and the windows shade protectors or a verandah all round. The ground within and around the jail is flat and drainage is not very good, particularly to the west and south, so that water-logging occurs occasionally in the garden after heavy rain. The sickness was mainly due to malaria, as the district is highly malarious and unhealthy. The Inspector-General remarks :—"A very unhealthy district, receives many cases of anæmia and enlarged spleens. Medical and sanitary arrangements good and many improvements recently carried out."

**Angul.**—The jail was overcrowded for 81 days during the year, specially in the *haj*at ward. The accommodation in the under-trial ward is very limited, having a capacity for five under-trials only, while the daily average in the last four years exceeded that number. A new outlet has been made for the rain water round the hospital and cook-shed, but it has yet to be seen how far it serves the purpose. The present system of removing the night-soil through the main gate is objectionable. Cage latrines were provided in all sleeping wards and in the hospital. The Inspector-General remarks :—"This jail is not directly under me, but I recently inspected it. It is a good jail but needs enlargement."

**Purneah.**—The overcrowding in the male convict wards existed for 25 days and in the female ward for most part of the year, to relieve which an old under-trial ward and a workshop were used from 1st January to 31st March. The extension of the female ward is urgently required. The drainage outside the jail is defective, there being no proper fall for water to be carried away. The sickness was mostly due to malaria and dysentery. The Inspector-General remarks :—"An old jail, now being enlarged and improved."

**Purulia.**—There was overcrowding in almost all the wards throughout the year as the accommodation is very insufficient. The main barrack, hospital, cell, and the working sheds are all *kutch*a and unsuitable. The Inspector-General remarks :—"A crowded, old and insecure jail. A proposal has been sanctioned to rebuild the barracks in the jail and enlarge it."

**Darbhanga.**—The overcrowding which lasted for 60 days during the year, especially in the under-trial ward, was relieved by using workshops at night in June, July, August and for a few days in September. The land outside the jail is low and difficult to drain but the Public Works Department have been asked to submit a scheme for improving it. On the north and south there are villages adjoining the jail, where infectious diseases sometimes occur. The sickness among the prisoners is in great measure due to their bad health on admission to jail. The district suffered from famine during the year. A very large percentage of new admissions suffer from intestinal parasites and their effects, which is attributed by the superintendent to the bad water-supply of the whole district. A tank on the north-east corner of the jail, which had become choked with weeds and insanitary, was re-excavated and ditches on the west side of the compound containing stagnant water are being filled up with earth from it. The Inspector-General remarks :—"A good jail. Considerable famine in the district during 1906 and 1907."

**Muzaffarpur.**—The civil ward, now used as a segregation ward for under-trial prisoners, was overcrowded for 191 days; the under-trial ward for 197 days and ward No. 7, now occupied by newly admitted convicts, for 180 days. Most of the wards are not provided with cage latrines for night use. The floor of the dysentery ward in the hospital is made of country tiles, and is consequently liable to absorb and retain infective matter. The superintendent remarks that the sickness may be attributed to the large number of tanks and ponds in the town, many of which are in a filthy condition, contaminate the water-supply and are good breeding places for mosquitoes.

The Inspector-General remarks that this is "a good jail."

UNITED PROVINCES.

**Ghazipur.**—In the inner enclosure of the old barracks the ventilation might be improved by replacing the brickwork windows with iron barred ones. The Inspector-General remarks :—"This jail is old and built on defective lines difficult to remedy altogether. There are an exceptionally large proportion of old and infirm men in the jail and the death rate is therefore likely to remain higher at present than in other jails."

**Gorakhpur.**—Tents were used to relieve the overcrowding which lasted for 69 days in the convict wards and for 182 days in the under-trial ward. The jail not being large enough to accommodate all the prisoners convicted in this district, frequent transfers had to be made to prevent overcrowding. As prisoners in good health only were thus transferred, the result was that all the "weeds" were left behind and the general health of the remaining prisoners was, from a statistical point of view, much lowered. The superintendent considers that the deficient rainfall during the year, with the consequent scarcity accounts for the very large number of prisoners admitted to jail in bad health. The Inspector-General remarks :—"A well constructed and well designed jail, in excellent sanitary condition. The high death rate is due to the very poor condition of prisoners on admission and to the transfer of prisoners in good health only."

**Basti.**—The marked increase in the admissions this year was mainly due to the outbreak of beri-beri in the jail in the beginning of December, the cause of which it is difficult to ascertain. A few cases had been seen among the free population. The district is very malarious. The Inspector-General remarks :—"This jail is well built and in an excellent sanitary condition in every way. An outbreak of beri-beri, the cause of which is unknown, caused a large increase in the number of admissions and deaths. The disease existed outside the jail."

**Jaunpur.**—There was overcrowding in the female under-trial ward, which was relieved by placing the excess number in the general ward, which had space available. The sudden setting in of cold in December affected the health of the prisoners in general and six cases of pneumonia with three deaths occurred. The medical officer notes the want of isolation accommodation in the hospital.

**Allahabad, Central.**—No particular conditions are assignable as causes of the sickness and mortality during the year.

**Banda.**—The greater part of the sickness was due to the characteristics of the district as a whole, as it is very malarious owing to the number of tanks close to every village site. The Inspector-General remarks :—"The sanitary condition of this jail is fairly good. The water-supply is very defective, the wells inside the jail having dried up. Deepening has not been successful and at present all the water for the jail has to be brought from outside. The district is very malarious."

**Etah.**—There was no overcrowding as the excess number of convicted prisoners was accommodated in the empty portion of the under-trial barrack. The dormitories and hospital are not provided with night latrines. The drainage outside the jail is defective and is water-logged for several months during and after the rainy season. The Inspector-General remarks :—"The death-rate of this jail was 24·36 which is high—this is accounted for by the fact that the prisoners who died were all with one exception admitted to jail in very bad condition. The sanitary condition of the jail is excellent."

**Hamirpur.**—The Inspector-General remarks :—"This jail is an old one but its sanitary condition is good. The high death-rate seems to have been due chiefly to the very weakly condition of the prisoners admitted to the jail."

**Saharanpur.**—There was overcrowding in barracks Nos. 1, 2 and 7 for 24 days during the year. There is an objectionable ditch surrounding the jail. The district is notoriously malarious and a large proportion of the prisoners admitted suffered from enlarged spleens and other symptoms of malarial poisoning, probably due, in the opinion of the superintendent, to the large amount of irrigation in the district. The Inspector-General remarks :—"The jail is structurally very defective but has been much improved and is now in fair, sanitary condition. Funds have been allotted for a separate dysentery ward."

**Muzaffarnagar.**—Tents were used throughout the year and transfers made to other jails to avoid overcrowding which lasted for 134 days. The jail is much too small for the district. A segregation ward is urgently needed. The Inspector-General on his last inspection remarked that the surface drainage was not very satisfactory, the drains outside the jail fail to carry away the water from the



TABLE XLIV—*continued.*

*ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

inside; an estimate is being prepared to remedy this defect. The Inspector-General remarks:—"This jail is in good sanitary condition but, being too small for the number of prisoners admitted, large numbers of the able-bodied are transferred to other jails and an increased mortality rate results."

**Meerut.**—Many deaths from pneumonia occurred during an extensive epidemic of influenza. Apart from this, pneumonia is always prevalent. The Inspector-General remarks:—"A well built jail, in good sanitary condition. The high death-rate is said to have been due largely to an epidemic of influenza which prevailed towards the end of the year."

PUNJAB.

**Delhi.**—There was no overcrowding as the surplus number included either convict officials on night duty outside the barracks or the cooks at work in the kitchen at night. The year was characterized by the diminished rainfall, *viz.*:—12·27, inches compared with 31·3 in 1906. Influenza and pneumonia were very prevalent in the city. The Inspector-General remarks:—"The mortality rate is again high and as usual pneumonia is the chief cause of death, but not to the same extent as in 1906, and it is something for congratulation that dysentery is entirely absent from the casualty roll. Here again accidental causes have swelled the death rate."

**Hissar.**—Although the number of under-trial prisoners exceeded the capacity of the under-trial ward on several occasions, the excess number was accommodated in other dormitories and cells. The admissions from ague were very few compared with the previous year, although 1907 was a very malarious year in the district and the improvement is attributed to the influence of quinine prophylaxis during the malarial season. The Inspector-General remarks:—"Very high mortality for a small jail, probably due to admissions of prisoners in indifferent health, for only one of the six who died began his imprisonment in good health. Certainly not brought about by insanitary condition of the jail, nor by neglect."

**Lahore, Central.**—Although the jail population throughout the greater part of the year was in excess of what is considered the maximum safe limit for the Lahore Central jail, there was actually no overcrowding, the excess numbers being accommodated in tents during the whole year and in two workshops during the last two months of the year. Of the 40 deaths during the year 14 were due to tubercle. Pneumonia appeared in the jail in the latter half of December, as a result of previous attacks of influenza, which had been prevalent, and caused three deaths. A satisfactory feature of the year is the fall in the admissions from malarial diseases, notwithstanding the larger population, and this is said to be solely due to the regular issue of sulphate of quinine in the malarial season. The Inspector-General remarks:—"No doubt the population of the jail was higher than the safe limit, but there was no actual overcrowding of either barracks or site area, the latter being very extensive. Owing to the limited central jail accommodation it was found impossible to keep the population lower, though the danger has all along been fully recognised. The admissions and mortality from tubercle remain exceedingly high, though every means that science can afford and departmental expediency will allow, have been introduced to combat this disease. Quinine prophylaxis has been very successful. The sanitary condition of this jail is of a high order."

**Montgomery, Central.**—To relieve the overcrowding which existed throughout the year tents were pitched. Within the jail the drainage is well provided for, but outside it is bad, owing to the jail site being at a slightly lower level than the country around. The falling off in the health of the prisoners is attributed to (1) defective supply of fresh vegetables during certain months of 1906; (2) defects in the issue of quinine as a prophylactic of malaria; (3) breaking up and reduction of the convalescent gang and the presence of a large number of prisoners in excess of the authorised accommodation. The Inspector-General remarks:—"The jail has contained throughout the year a population in excess of its accommodation in buildings, these latter housed only the number for which they are registered, the overflow being in tents. Considering the locality I do not consider this has had the slightest effect on health. The defects in drainage are not quite as stated, for the railway embankment leads the storm water from the north and spreads it over the whole of the Montgomery site; the canal will settle this. The main drain of the jail would have been regraded in 1907, if funds had not been withdrawn; the tubercular ward was first sanctioned and then the allotment was cancelled, owing to famine exigencies. Mortality has been excessive, especially in the first half of the year, due probably to the causes detailed by the medical officer; quinine prophylaxis was defective in as much as the stock of the drug ran out in October and the medical officer did not apply for a further supply on the score of expense; this was subsequently corrected."

N.-W. F. PROVINCE.

**Dera Ismail Khan.**—The overcrowding was relieved by placing the excess number of convicts in the under-trial ward as a temporary measure, where there was ample room. Practically there is no fall in the drainage from inside to outside. There are no particular or other conditions (except guinea worm, which is prevalent in the district) to account for the sickness and mortality.

CENTRAL PROVINCES.

**Raipur, Central.**—Dysentery and malarial fever were prevalent during the year. The mortality occurred mostly among short-term prisoners who were admitted to the jail in bad and indifferent health.

**Amraoti, Central.**—There was no overcrowding, the surplus number of under-trial prisoners being locked up at night in other available barracks.

BOMBAY.

**Sukkur.**—There was no overcrowding because at night during the winter a number of convict officers are on duty, and the cooks are working and are not locked up in barracks, while in the summer all the convicts sleep in the open yard where more than 500 can be easily accommodated. The mortality was due to the bad health of the prisoners on admission. Ague and dysentery, for which diseases there were a large number of admissions, were very prevalent in the district during the year. The Inspector-General remarks:—"I think this prison will prove to be healthy. It has only been in occupation for a little over one year."

**Sind Gang.**—Throughout the year a detachment of 150—200 prisoners was sent out for baliasting on the Hyderabad-Badin Railway. They were accommodated in tents and their camp was gradually shifted from place to place along the railway line as the work progressed. Pneumonia, as in the previous year, again occurred in a sporadic form. Precautionary measures, as usual, were at once adopted, but though they mitigated the severity of the disease they did not eradicate it. In Sind especially, the atmospherical changes are great and rapid. At an extra-mural camp there are always hardships and exposure and so long as these factors exist, sporadic cases of pneumonia are likely to be met with during the winter.

**Hyderabad, Central.**—Tents were used to relieve the overcrowding, which existed from May to the end of the year. The hospital is much too small and very dark; the question of increasing it is under consideration. The numerous cases of respiratory disease are attributed to overcrowding. Of the 35 deaths, 18 were due to pneumonia. A night latrine was provided for the hospital. The Inspector-General remarks:—"The commencement of the year was unhealthy and the prison was overcrowded the last half of the year. Both these causes influenced the increase in sickness and mortality. Matters are improving now and better results may be looked for next year. Plans and estimates for improvement in the hospital are now being taken in hand."

**Karachi.**—There was overcrowding for two days in November, which was relieved by erecting tents in the jail compound. The only local condition which may have predisposed to sickness and mortality is the exposed situation of the jail, which is open to the prevailing north-east wind. The Inspector-General remarks:—"It is not easy to compare a new jail with an old one. With a larger daily average strength there were fewer admissions into hospital than last year. The new jail is colder than the old one and it was found necessary to issue one extra blanket to all prisoners. I think the jail will prove healthy."



TABLE XLIV—*concluded.*

*ABSTRACT of the SANITARY SHEETS of the most UNHEALTHY JAILS, SANITARY DEFECTS, IMPROVEMENTS, SUGGESTIONS, etc.*

**Dhulia.**—The jail was overcrowded throughout the year. The sickness and mortality were due to climatic causes, sudden changes in the weather and to the poor physique of the prisoners on admission into the jail. The Inspector-General remarks.—“With an increase in the daily average strength there were fewer cases of dysentery and respiratory diseases, while fevers have risen considerably and diarrhœa slightly. The superintendent attributes this to climatic causes. I am inclined to think the rather indifferent quality of the water may be in some way responsible for sickness. The municipality are constructing new filter beds.”

**Bombay, Common.**—The jail was overcrowded throughout the year, which was relieved by using two workshops continuously and one for a part of the year. The Inspector-General remarks.—“Plans and estimates for a new prison for Bombay are in course of preparation.”

**Bombay House of Correction.**—Overcrowding existed for 24 days and was relieved by locking up prisoners in a work-shed at night. The defects in the accommodation are structural. The Inspector-General remarks :—“Plans and estimates for a new prison in Bombay are in course of preparation.”

COORG.

**Mercara.**—The overcrowding, which existed for 26 days in the under-trial ward, was relieved by using an empty convict ward. Of the 11 prisoners who died, two were received in bad health, two in indifferent, one in fair and the remaining six in good health. The Chief Commissioner remarks :—“I have recently inspected this jail with care ; but no defects came to light which call for comment.”

MADRAS.

**Cannanore, Central.**—There was no overcrowding, as the excess number of convicts and civil debtors were accommodated in available cells. The Inspector-General remarks :—“The water-supply of this jail is defective in quality, and at times deficient in quantity. Measures are being taken to improve matters, as it is believed the unhealthiness of the jail generally is mainly due to this cause.”

**Coimbatore, Central.**—There was no overcrowding as the male under-trial prisoners and civil debtors were accommodated in the available wards and the female under-trial prisoners with female convicts. The flooring of most of the blocks and the sleeping berths are of mud but paving the floor of all blocks with stone is under consideration. The chief causes of sickness were dysentery, cholera, guinea-worm, ague, ulcers, bronchitis, abscesses and tubercle. The greater number of the cases of dysentery occurred during a fairly severe outbreak immediately following the cholera epidemic and were bacillary in nature. The cholera infection was probably from without, although the first case could not definitely be traced to importation.

**Vizagapatam.**—Two open sheds were used during the year to accommodate 120 prisoners and two temporary thatched sheds were erected outside the jail to accommodate 100 prisoners in addition to the one already in existence. The sickness and mortality were principally due to the bad health of the prisoners on admission. The Inspector-General remarks :—“The mortality shows an improvement. Great alterations are in progress in the jail and the conditions for the maintenance of health are receiving careful attention.”



TABLE XLV.

INFLUENZA by months, Jails, Groups, and Administrations.

TABLE XLVI.

CHOLERA by months, Jails, Groups, and Administrations.

JAILS * AND GROUPS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.												ADMISSIONS FROM CHOLERA IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Moulmein . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...
Toungoo . . . . .	1	...	...	...	...	...	...	...	1	5	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Maubin . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Myaungmya . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Insein, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
Akyab . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS.	1	...	...	...	...	...	...	...	1	5	1	...	8	...	2	...	2	...	...	...	...	...	...	1	...	5
Gauhati . . . . .	...	...	...	...	...	...	...	4	3	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Sylhet . . . . .	...	26	105	...	...	...	...	...	...	...	...	...	131	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM . . . . .	...	26	105	...	...	...	...	4	3	...	...	...	138	...	...	...	...	...	...	...	...	...	...	...	...	...
Mymensingh . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Dacca, Central . . . . .	...	1	2	...	...	...	...	1	...	4	7	1	16	1	...	1	...	...	...	...	...	...	3	...	...	5
Bakarganj . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2
Baraset . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Presidency, Central (Natives)	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Faridpur . . . . .	...	...	1	...	...	...	59	5	4	18	13	9	109	...	...	...	...	...	...	...	2	1	...	...	...	8
Dinajpur . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	1	...	1	...	...	...	...	...
Puri . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP IV.—BENGAL AND ORISSA.	...	1	3	...	...	2	59	6	4	22	20	10	127	2	...	2	1	4	1	...	3	1	...	3	1	18
A																										
Purulia . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	...	1
Gaya . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B																										
Monghyr . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	3
Darbhanga . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Chapra . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	1
Basti . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Hamirpur . . . . .	...	...	1	...	...	...	1	...	...	2	5	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Cawnpore . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur . . . . .	...	...	...	...	...	...	...	...	...	...	...	35	35	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	...	1	1	...	...	...	1	...	...	2	6	35	46	...	...	1	...	...	1	3	1	2	1	...	...	9
A																										
Bareilly, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Muzaffarnagar . . . . .	...	...	...	...	...	1	...	...	...	1	...	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Meerut . . . . .	3	...	1	4	...	...	...	...	...	...	...	55	63	...	...	...	...	...	...	...	...	...	...	...	...	...
B																										
Ludhiana . . . . .	...	...	...	...	...	...	...	...	...	...	3	10	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Lahore, Central . . . . .	...	...	...	...	...	...	...	...	...	...	...	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala . . . . .	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Rawalpindi . . . . .	...	3	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VI.—UPPER SUB-HIMALAYA.	3	3	11	4	...	1	...	...	...	1	4	75	92	...	...	...	1	...	...	...	...	...	...	...	...	1
A																										
Bannu . . . . .	...	...	...	...	1	...	2	2	...	2	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA.	...	...	...	...	1	...	2	2	...	2	1	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...

\* Jails where neither Influenza nor Cholera occurred are not shown in these tables.  
For the annual ratios, see Table XLII.



JAILS, GROUPS AND ADMINISTRATIONS.	ADMISSIONS FROM INFLUENZA IN EACH MONTH.													ADMISSIONS FROM CHOLERA IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
A																										
Saugor . . . . .	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Raipur, Central . . . . .	..	..	11	..	..	..	..	..	..	..	..	..	11	..	..	..	..	..	..	..	..	..	..	..	..	..
Nimar . . . . .	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Nagpur, Central . . . . .	2	17	1	..	..	..	..	..	..	..	..	..	20	..	..	..	..	..	..	..	..	..	..	..	..	..
B																										
Yerrowda, Central . . . . .	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Deccan Gang . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
GROUP IX.—DECCAN . . . . .	3	17	12	..	..	..	..	..	..	..	1	1	34	..	..	..	..	..	..	..	1	..	..	..	..	1
Thana . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP X.—WESTERN COAST . . . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
A																										
Coimbatore, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	74	..	..	..	..	..	..	..	74
B																										
Madura . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	14	..	..	..	..	..	..	..	18
Madras Penitentiary, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	..	..	3
C																										
Berhampur . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	..	..	..	..	11
GROUP XI.—SOUTHERN INDIA.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	88	..	3	11	..	..	..	..	106
INDIA*	7	49	122	4	1	3	62	12	8	32	33	121	454	2	2	3	8	92	2	6	16	3	1	3	2	140
BURMA . . . . .	1	..	..	..	..	..	..	..	1	5	1	..	8	..	2	..	2	..	..	..	..	..	..	1	..	5
EASTERN BENGAL AND ASSAM . . . . .	..	27	108	..	..	..	59	10	7	22	20	10	263	2	..	2	1	4	1	..	2	1	..	2	..	16
BENGAL . . . . .	..	1	..	..	..	2	..	..	..	..	..	..	3	..	..	1	..	..	1	3	1	2	..	1	1	9
UNITED PROVINCES . . . . .	3	..	2	4	..	1	1	..	..	3	6	91	111	..	..	..	1	..	..	..	1	..	1	..	..	3
PUNJAB . . . . .	..	3	..	..	..	..	..	..	..	..	4	19	26	..	..	..	..	..	..	..	..	..	..	..	..	..
N.-W. FRONTIER PROVINCE . . . . .	..	..	..	..	1	..	2	2	..	2	1	..	8	..	..	..	..	..	..	..	..	..	..	..	..	..
CENTRAL PROVINCES . . . . .	3	17	12	..	..	..	..	..	..	..	..	1	33	..	..	..	..	..	..	..	..	..	..	..	..	..
BOMBAY . . . . .	..	1	..	..	..	..	..	..	..	..	1	..	2	..	..	..	..	..	..	..	1	..	..	..	..	1
MADRAS . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	88	..	3	11	..	..	..	..	106
ANDAMANS . . . . .	8	..	..	..	..	1	5	..	..	1	1	..	16	..	..	..	..	..	..	1	..	..	..	..	..	1
INDIA† . . . . .	15	49	122	4	1	4	67	12	8	33	34	121	470	2	2	3	8	92	2	7	16	3	1	3	2	141

\* Excluding Andamans.

† Including Andamans.



TABLE XLVII.

ENTERIC FEVER by months, Jails, Groups, and Administrations.

TABLE XLVIII.

SIMPLE CONTINUED FEVER by months, Jails, Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Toungoo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1
Rangoon, Central (Europeans)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	5
" " (Natives)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	127
Bassein, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	10
Henzada	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	4
Myanaung	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Sandoway	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Akyab	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	5	5	1	4	...	1	17
GROUP I.—BURMA COAST AND BAY ISLANDS.	...	...	...	...	...	...	...	...	...	...	...	...	...	4	5	5	11	18	26	23	21	15	17	6	15	166
Prome	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Magwe	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Myingyan, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Mandalay, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	1	4	2	2	...	...	...	...	...	...	...	...	9
Shwebo	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Bhamo.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3
GROUP II.—BURMA INLAND	...	...	...	...	...	...	1	...	...	...	...	...	1	1	4	3	4	1	...	...	...	1	...	2	9	25
Tezpur	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP III.—ASSAM	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Mymensingh	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Baraset	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
Burdwan	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Faridpur	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Balasore	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	5	4	2	5	2	21
GROUP IV.—BENGAL AND ORISSA.	1	1	...	...	...	...	...	...	...	...	1	...	3	...	1	...	...	...	...	3	5	4	2	5	2	22
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Gaya	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...	...	...	...	4
Buxar, Central	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Allahabad, Central	...	...	...	...	...	...	...	...	...	...	...	...	...	4	11	7	3	10	10	15	10	27	13	6	7	123
Unao	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2
Barabanki	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Kheri	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sitapur	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mainpuri	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Fatehgarh District	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	1
GROUP V.—GANGETIC PLAIN AND CHUTIA NAGPUR.	...	1	...	...	2	1	...	...	1	...	...	...	5	4	13	7	3	12	14	16	13	27	13	6	7	135
Bijnor	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Hissar	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Ambala	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ferozepore	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	1	2	4	1	...	3	5	...	...	...	19
Lahore, Central	...	1	...	...	4	1	...	2	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
" District	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Gujranwala	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	1	2	...	...	...	...	...	...	6
GROUP VI.—UPPER SUB-HIMALAYA.	1	1	...	...	4	1	...	2	1	1	...	1	12	5	...	2	2	5	3	...	3	5	...	...	...	52

\*Jails where neither Enteric Fever nor Simple Continued Fever occurred are not shown in these tables. For the annual ratios, see Table XLII.



JAILS, GROUPS, AND ADMINISTRATIONS.	ADMISSIONS FROM ENTERIC FEVER IN EACH MONTH.												ADMISSIONS FROM SIMPLE CONTINUED FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Kohat . . . . .	..	..	1	1	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Mianwali . . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	..	3	..	..	..	..	..	..	3
Mooltan, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>C</b>																										
Hyderabad, Central . . . . .	..	..	..	1	..	..	..	1	..	..	..	1	3	..	..	..	..	..	..	..	..	..	6	3	..	9
Karachi . . . . .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA	4	..	1	2	1	..	..	1	1	..	..	1	7	..	..	..	..	..	3	..	..	..	6	3	..	12
<b>A</b>																										
Raipur, Central . . . . .	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Balaghat . . . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Hoshangabad . . . . .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Betul . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
<b>B</b>																										
Yerrowda, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1
Deccan Gang . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	2
Dharwar . . . . .	..	..	..	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP IX.—DECCAN	..	..	..	1	..	..	1	1	1	..	..	..	4	..	..	..	1	..	..	..	3	..	..	..	..	4
<b>A</b>																										
Thana . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Cannanore, Central . . . . .	4	6	1	..	1	..	1	1	1	4	4	3	26	1	1	..	..	..	..	2	4	..	2	1	..	11
GROUP X.—WESTERN COAST	4	6	1	..	1	..	1	1	1	4	4	3	26	1	1	..	..	..	..	2	4	..	3	1	..	12
<b>A</b>																										
Bellary, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	4	1	..	..	..	7
Coimbatore, Central . . . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	4	1	4	..	1	..	..	1	3	..	..	1	15
<b>B</b>																										
Palamcottah . . . . .	..	..	..	..	..	..	..	..	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..	..	..	1
Madura . . . . .	..	..	..	..	..	1	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Tanjore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	1	..	..	..	..	..	..	..	..	..	4
Cuddalore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Vellore, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	6	6	..	..	..	..	..	6	..	..	..	..	18
Nellore . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	2
Rajahmundry, Central . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	7	1	2	1	1	1	3	..	1	3	23
<b>C</b>																										
Berhampur . . . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	..	..	1	1	1	..	..	..	..	4
GROUP XI.—SOUTHERN INDIA	..	..	..	..	1	1	..	1	1	..	..	1	5	10	15	12	1	4	4	3	7	13	..	2	4	75
Abbottabad . . . . .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1	1	..	..	2
Russellkonda . . . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
GROUP XII.—HILLS	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1	1	..	..	2
<b>INDIA*</b>	6	9	2	3	9	3	3	6	7	6	5	6	65	25	39	29	22	40	50	47	56	66	42	25	37	478
<b>BURMA</b>	..	..	..	..	..	..	1	..	..	..	..	..	1	5	9	8	15	19	26	23	21	16	17	8	24	191
<b>EASTERN BENGAL AND ASSAM</b>	..	1	..	..	..	..	..	..	..	1	1	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>BENGAL</b>	1	..	..	..	1	..	..	..	..	..	..	..	2	..	3	..	..	..	..	3	7	4	2	5	2	26
<b>UNITED PROVINCES</b>	..	2	..	..	1	1	..	..	1	..	..	..	5	4	11	7	3	12	14	16	11	27	13	6	7	131
<b>PUNJAB</b>	1	..	..	..	5	1	..	2	1	1	..	1	12	5	..	2	2	5	6	..	3	5	..	..	..	28
<b>NORTH-WEST FRONTIER PROVINCE</b>	..	..	1	1	..	..	..	..	1	..	..	..	3	..	..	..	..	..	..	..	..	..	..	..	..	..
<b>CENTRAL PROVINCES</b>	..	..	..	1	..	..	..	1	1	..	..	..	3	..	..	..	..	..	..	..	1	..	..	..	..	1
<b>BOMBAY</b>	..	..	..	1	..	..	1	1	1	..	..	1	5	..	..	..	1	..	..	..	2	..	7	3	..	13
<b>MADRAS</b>	4	6	1	..	2	1	1	2	2	4	4	4	31	11	16	12	1	4	4	5	11	14	3	3	4	88
<b>ANDAMANS</b>	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	6	2	111	204	326	
<b>INDIA†</b>	6	9	2	3	9	3	3	6	7	6	5	6	65	25	39	29	22	40	50	48	58	72	44	136	241	804

\* Excluding Andamans.

† Including Andamans.



## PRISONERS, 1907.

## TABLE XLIX.

*INTERMITTENT FEVER by months, Fails, Groups, and Administrations.*

## TABLE L.

REMITTENT FEVER by months, Fails,  
Groups, and Administrations.

JAILS* AND GROUPS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.												ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Total.
Mergui . . . . .	1	...	1	1	4	3	3	1	4	...	5	2	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Tavoy . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	2	...	...	...	...	...	...	2
Moulmein . . . . .	...	1	...	3	...	...	1	1	...	...	...	2	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwegyin . . . . .	1	2	...	1	1	1	2	3	1	4	3	3	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Toungoo . . . . .	1	2	...	2	...	2	...	...	...	...	...	...	7	...	...	...	...	...	...	...	...	...	...	...	...	...
Rangoon, Central, } Natives . . . . .	4	2	...	1	1	3	7	5	3	3	3	6	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Maubin . . . . .	...	...	...	2	1	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Myaungmya . . . . .	1	...	1	...	1	2	3	2	2	...	2	1	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Bassein, Central . . . . .	4	2	3	4	...	2	...	...	...	...	...	...	15	...	...	...	...	...	...	...	...	...	...	...	...	...
Insein , , . . . . .	4	6	3	3	2	9	20	43	21	27	34	24	196	...	...	...	...	...	...	...	...	...	...	...	...	...
Henzada . . . . .	...	1	1	...	2	...	1	...	1	...	...	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
My naung . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	2	...
Sandoway . . . . .	...	...	...	...	...	...	...	...	...	1	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...
Kyaukpyu . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Akyab . . . . .	1	...	...	...	...	2	...	2	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP I.—BURMA COAST AND BAY ISLANDS . . }	17	17	9	17	12	24	37	57	32	35	48	40	345	1	...	...	...	...	2	...	...	...	...	...	1	4
Prome . . . . .	1	1	1	...	...	...	2	...	3	2	...	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Thayetmyo, Central . . . . .	8	...	...	...	...	1	...	3	2	16	6	2	38	...	...	...	...	...	...	...	...	...	...	...	...	...
Meiktila . . . . .	6	...	...	2	2	3	3	...	...	2	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Pagan . . . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Myingyan, Central . . . . .	1	2	2	2	2	1	...	1	3	...	1	2	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Mandalay , , . . . . .	1	2	2	2	2	1	...	1	3	...	1	2	17	...	...	...	...	...	...	...	...	...	...	...	...	...
Monywa . . . . .	3	1	...	...	...	3	8	8	1	1	7	5	37	...	...	...	...	...	...	...	...	...	...	...	...	...
Monywa . . . . .	...	...	...	1	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Shwebo . . . . .	...	1	...	1	...	...	...	1	...	...	...	1	4	...	...	...	...	1	...	...	...	...	...	...	...	...
Bhamo . . . . .	1	...	1	...	1	3	3	3	3	2	1	...	18	...	...	...	...	1	2	...	...	...	...	...	...	3
Kindat . . . . .	...	...	...	...	...	...	2	...	...	1	1	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP II.—BURMA INLAND . . }	21	6	4	6	5	11	18	16	13	24	19	12	155	...	...	...	...	1	2	...	...	...	...	...	...	3
Cachar . . . . .	1	1	3	...	2	1	1	1	1	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Sibsagar . . . . .	...	...	...	1	1	2	...	3	...	2	...	1	10	...	...	...	...	...	...	...	...	...	...	...	...	...
Dibrugarh . . . . .	...	4	3	...	1	1	1	3	2	2	2	2	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Tezpur . . . . .	7	3	...	3	2	7	5	2	2	1	...	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Gauhati . . . . .	...	3	3	2	4	5	9	18	11	11	6	4	73	...	...	...	...	...	...	...	...	...	...	...	...	...
Sylhet . . . . .	33	26	5	30	40	51	43	33	30	34	20	13	358	1	...	...	1	...	...	...	...	...	...	1	3	...
GROUP III.—ASSAM . . }	41	34	14	36	50	67	59	60	46	50	28	20	505	1	...	...	1	...	...	...	...	...	...	1	3	...
Mymensingh . . . . .	24	16	23	18	18	16	13	43	11	12	9	7	210	...	...	...	...	...	...	...	...	...	...	...	...	...
Dacca, Central . . . . .	7	8	5	14	16	12	14	29	30	11	15	23	184	...	...	...	...	...	...	...	...	...	...	...	...	...
Tippera . . . . .	2	1	...	35	1	2	...	1	6	2	5	6	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Chittagong . . . . .	4	4	5	1	9	5	4	8	1	17	2	1	61	...	...	...	...	...	...	...	...	...	...	...	...	...
Noakhali . . . . .	1	...	1	3	6	2	1	8	...	7	12	3	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Bakarganj . . . . .	21	7	2	1	1	...	...	...	...	...	...	...	32	...	...	...	...	...	...	...	...	...	...	...	...	...
Khulna . . . . .	1	1	1	2	1	...	2	6	8	7	6	6	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Jessore . . . . .	4	8	12	10	11	12	24	11	23	51	45	35	246	...	...	...	...	...	...	...	...	...	...	...	...	...
Baraset . . . . .	3	...	...	...	1	...	3	1	1	3	1	3	16	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency Central, } Europeans . . . . .	1	...	1	...	...	2	...	...	1	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
Presidency Central, } Natives . . . . .	47	17	15	15	16	29	26	26	19	23	17	13	263	...	...	...	...	...	...	...	...	...	...	...	...	...
Alipore, Central . . . . .	41	50	64	79	78	59	98	68	97	84	74	57	849	...	...	...	...	...	...	...	...	...	...	...	...	...
Howrah . . . . .	...	...	...	1	...	1	...	...	7	...	...	...	9	...	...	...	...	...	...	...	...	...	...	...	...	...
Hooghly . . . . .	11	3	2	3	5	6	5	5	6	16	12	3	77	...	...	...	...	...	...	...	...	...	...	...	...	...
Burdwan . . . . .	21	11	7	6	5	1	1	4	17	23	28	12	136	...	...	...	...	...	...	...	...	...	...	...	...	...
Krishnagar . . . . .	1	6	4	9	9	6	9	3	6	12	11	9	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Faridpur . . . . .	12	30	36	28	20	7	16	8	15	29	37	37	275	...	...	...	...	...	...	...	...	...	...	...	...	...
Pabna . . . . .	...	...	6	4	3	5	2	1	...	1	...	...	22	...	...	...	...	...	...	...	...	...	...	...	...	...
Murshidabad . . . . .	15	15	6	1	5	4	3	20	13	14	16	10	122	...	...	...	...	...	...	...	...	...	...	...	...	...
Rajshahi, Central . . . . .	2	2	1	4	4	...	3	17	16	9	11	1	70	...	...	...	...	...	...	...	...	...	...	...	...	...
Bogra . . . . .	2	7	3	3	3	1	2	...	9	4	5	1	40	1	...	...	...	...	...	...	...	...	...	...	...	...
Malda . . . . .	9	4	9	4	2	5	4	17	28	22	24	16	144	...	...	...	...	...	...	...	...	...	...	...	...	...
Dinajpur . . . . .	6	5	5	1	8	11	4	6	6	7	4	7	70	...	...	1	1	...	...	...	...	...	...	...	...	2
Rangpur . . . . .	8	6	10	5	9	11	5	15	10	17	15	15	126	...	...	...	...	...	...	...	...	...	...	...	...	...
Jalpaiguri . . . . .	1	5	7	...	...	1	1	2	...	...	1	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...
Purnea . . . . .	4	4	8	11	11	14	7	7	12	22	13	8	121	...	...	...	...	...	...	...	...	...	...	...	...	...
Naya Dumka . . . . .	3	2	6	2	4	10	10	2	7	1	1	...	48	...	...	...	...	...	...	...	...	...	...	...	...	...
Suri . . . . .	9	14	7	11	13	7	13	8	24	34	29	20	189	...	...	...	...	...	...	...	...	...	...	...	...	...
Bankura . . . . .	3	5	3	...	2	...	3	7	10	3	3	2	41	...	...	...	...	...	...	...	...	...	...	...	...	...
Midnapore, Central . . . . .	24	12	10	13	17	17	15	5	18	18	13	10	172	...	...	...	...	...	...	...	...	...	...	...	...	...
Balasore . . . . .	...	...	1	2	2	6	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuttack . . . . .	1	...	1	...	...	...	...	1	...	1	...	2	6	3	2	2	2	2	1	2	3	...	2	2	2	23
Puri . . . . .	1	4	2	3	1	1	2	5	...	2	5	2	28	...	...	...	...	...	...	...	...	...	...	...	...	...
Angul . . . . .	3	...	...	3	2	1	1	...	2	...	2	...	14	...	...	...	...	...	...	...	...	...	...	...	...	...
GROUP IV.—BENGAL AND ORISSA . . }	292	247	263	292	283	254	291	334	403	452	416	309	3,836	4	2	2	3	3	2	5	6	...	2	2	2	33

\* Jails where neither Intermittent Fever nor Remittent Fever occurred are not shown in these tables.  
For the annual ratios see table XLII.







## PRISONERS, 1907.

TABLE XLIX—*concluded.*

*INTERMITTENT FEVER by months, Fails, Groups and Administrations.*

TABLE L—*concluded.*

*REMITTENT FEVER by months, Fails,  
Groups and Administrations.*

ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.														ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.													
JAILS AND GROUPS.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																											
Peshawar . . . . .	17	8	11	14	15	39	39	32	32	53	19	21	300	..	..	..	..	..	..	..	..	..	..	..	..	..	
Kohat . . . . .	1	..	..	1	2	1	..	5	3	..	3	1	17	..	..	..	..	..	..	..	..	..	..	..	..	..	
Bannu . . . . .	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	
Shahpur . . . . .	5	7	4	5	7	5	6	15	5	1	1	8	69	..	..	..	..	..	..	..	..	..	..	..	..	..	
Mianwali . . . . .	1	4	6	3	10	5	3	10	8	6	5	8	69	..	..	..	..	..	..	..	..	..	..	..	..	..	
Lyallpur . . . . .	2	1	..	..	..	..	..	2	1	..	1	1	8	..	..	..	..	..	..	..	..	..	..	..	..	..	
Jhang . . . . .	2	..	2	..	3	3	3	1	5	..	4	..	23	..	..	..	..	..	..	..	..	..	..	..	..	..	
Montgomery,Central	107	32	47	26	47	49	40	16	16	29	93	66	568	..	..	..	..	..	..	..	..	..	..	..	..	..	
Mooltan, Central .	11	6	6	7	7	..	15	9	28	26	21	2	138	..	..	..	..	..	..	..	..	..	..	..	..	..	
„ District . . . .	1	2	6	5	19	21	19	1	18	2	1	..	95	..	1	1	..	..	..	..	..	..	..	1	3	..	
Dera Ismail Khan .	25	41	17	10	32	15	6	10	5	9	..	..	170	..	..	..	..	..	..	..	..	..	..	..	..	..	
Dera Ghazi Khan .	16	9	10	9	14	4	4	4	4	5	6	5	90	..	..	..	..	..	..	..	..	..	..	..	..	..	
B																											
Sibi . . . . .	1	..	..	..	3	..	..	..	1	2	..	8	15	..	..	..	..	..	..	..	..	..	..	..	..	..	
C																											
Sukkur . . . . .	3	1	2	2	4	2	5	1	2	1	1	1	25	..	..	..	..	..	..	..	..	..	..	..	..	..	
Sind Gang . . . . .	5	1	10	5	19	22	3	..	7	2	4	2	80	..	..	..	..	..	..	..	..	..	..	..	..	..	
Hyderabad, Central	9	1	11	10	19	19	19	20	13	13	19	9	162	..	..	..	..	..	..	..	..	..	..	..	..	..	
Karachi . . . . .	2	1	..	1	2	1	3	1	..	..	..	3	14	..	..	..	..	..	..	..	..	..	..	..	..	..	
GROUP VII.—N.-W. FRONTIER, INDUS VALLEY, AND N.- W. RAJPUTANA .	209	114	132	98	203	186	165	127	148	149	178	135	1,844	..	1	2	..	1	..	..	..	..	..	..	1	5	
A																											
Rajkot . . . . .	2	2	3	..	..	..	1	2	3	2	2	1	18	..	..	..	..	..	..	..	..	..	..	..	..	..	
Ahmedabad, Central	7	4	2	1	2	1	3	5	8	4	8	6	51	..	..	..	..	..	..	..	..	..	..	..	..	..	
B																											
Ajmer . . . . .	3	1	1	11	14	5	2	3	1	1	8	10	60	..	..	..	..	..	..	..	..	..	..	..	..	..	
Muttra . . . . .	13	3	7	4	4	4	13	5	24	21	16	19	133	..	..	..	..	..	..	..	..	..	..	..	..	..	
Agra, Central . . .	20	11	17	16	25	12	36	39	51	59	20	14	320	..	..	..	..	..	..	..	..	..	..	..	..	..	
„ District . . . .	5	3	5	1	6	3	7	5	2	3	5	3	48	..	..	..	..	..	..	..	..	..	..	..	..	..	
Jhansi . . . . .	1	1	2	3	7	4	2	4	7	2	10	6	49	..	..	..	..	..	..	..	..	..	1	..	..	1	
Lalitpur . . . . .	..	..	..	..	..	..	..	1	2	1	..	1	5	..	..	..	..	..	..	..	..	..	..	..	..	..	
GROUP VIII.—S.-E. RAJPUTANA, CEN- TRAL INDIA, AND GUJARAT . . . .	51	25	37	36	58	29	64	64	98	93	69	60	684	..	..	..	..	..	..	..	..	..	1	..	..	1	
A																											
Damoh . . . . .	1	..	..	..	..	..	..	..	2	2	1	2	8	..	..	..	..	..	..	..	..	..	..	..	..	..	
Saugor . . . . .	1	5	3	..	1	1	..	5	2	7	6	3	34	..	..	..	..	..	..	..	..	..	..	..	..	..	
Jubbulpore, Central	..	..	1	..	1	1	3	2	..	2	1	3	14	..	..	..	..	..	..	..	..	1	..	..	1		
Narsinghpur . . .	1	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..		
Mandla . . . . .	1	..	2	1	..	..	..	1	..	..	1	..	6	..	..	..	..	..	..	..	..	..	..	..	..		
Bilaspur . . . . .	..	..	..	..	1	..	2	..	2	3	4	..	12	..	1	..	..	..	..	..	..	..	..	..	1		
Sambalpur . . . .	3	1	..	3	1	4	1	8	7	7	2	2	39	..	..	1	..	..	..	..	..	..	..	..	1		
Raipur, Central .	6	4	7	7	7	11	3	6	16	6	9	7	89	..	..	..	..	4	2	2	..	..	..	1	9		
Balaghat . . . . .	..	1	..	1	..	..	4	..	..	1	..	..	7	..	..	..	..	..	..	..	..	..	..	..	..		
Seoni . . . . .	2	..	..	1	..	..	..	..	..	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..		
Chhindwara . . .	..	..	..	..	..	..	1	1	2	3	..	1	8	..	..	..	..	..	..	..	..	..	..	..	..		
Hoshangabad . .	2	2	..	..	2	1	..	..	2	..	1	4	14	..	..	..	..	..	..	..	..	..	..	..	..		
Nimar . . . . .	3	..	..	3	2	..	..	2	..	6	1	..	17	..	..	..	..	..	..	..	..	..	..	..	..		
Betul . . . . .	..	..	..	1	2	1	1	..	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..		
Nagpur, Central .	30	10	13	2	13	5	14	28	48	49	20	12	244	..	..	..	..	..	..	..	..	..	..	..	..		
Wardha . . . . .	..	..	..	..	..	..	..	..	1	2	2	2	7	..	..	..	..	..	..	..	..	..	..	..	..	..	
Chanda . . . . .	1	..	1	..	..	2	..	..	2	..	..	..	6	..	..	..	..	..	..	..	..	..	..	..	..		
B																											
Secunderabad . .	..	..	..	1	..	2	2	2	..	3	..	..	10	..	..	..	..	..	..	..	..	..	..	..	..	..	
Yeotmal . . . . .	..	3	..	..	..	..	..	..	1	1	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	
Amraoti, Central .	2	..	..	2	..	1	..	..	1	1	2	1	10	..	..	..	..	..	..	..	..	..	..	..	..		
Akola, Central . .	..	1	5	..	..	1	..	2	3	..	1	..	13	..	..	..	..	..	..	..	..	..	..	..	..		
Buldana . . . . .	..	..	..	..	..	..	..	2	..	..	1	2	5	..	..	..	..	..	..	..	..	..	..	..	..		
Dhulia . . . . .	1	2	7	6	3	7	14	8	3	4	8	5	68	..	..	..	..	..	..	..	..	..	..	..	..		
Yerrowda, Central.	78	25	11	6	18	61	50	99	37	128	90	70	673	..	..	..	..	..	..	..	..	..	..	..	..		
Bijapur . . . . .	1	1	7	2	..	..	2	2	6	10	9	1	41	..	..	..	..	..	..	..	..	..	..	..	..		
Deccan Gang . . .	8	3	2	..	1	3	3	4	1	2	1	6	34	..	..	..	..	..	..	..	..	..	..	..	..		
Dharwar . . . . .	2	2	3	3	2	2	4	4	2	2	4	..	30	..	..	..	..	..	..	..	..	..	..	..	..		
GROUP IX.— DECCAN . . . .	143	60	62	39	54	103	104	176	138	239	165	121	1,404	..	1	1	..	4	2	2	..	..	1	..	1	12	
A																											
Thana . . . . .	2	2	1	1	..	3	5	6	3	11	2	3	39	..	..	..	..	..	..	..	..	..	..	..	..	..	
Bombay, Common .	9	1	8	4	1	3	1	6	5	8	9	5	60	..	..	1	..	..	1	..	..	..	..	..	..	2	
„ House of Correction . . . .	5	1	2	2	2	1	..	2	..	..	..	..	15	..	..	..	..	..	..	..	..	..	..	..	..	..	
Ratnagiri . . . .	..	..	..	..	1	1	2	1	..	..	..	..	5	..	..	..	..	..	..	..	..	..	..	..	..	..	
Karwar . . . . .	..	1	2	1	4	3	2	..	1	5	2	1	22	..	..	..	..	..	..	..	..	..	..	..	..	..	
Cannanore, Central	6	8	3	6	7	5	15	12	7	6	2	1	78	..	..	..	..	..	..	..	..	..	..	1	1		
GROUP X.—WEST- ERN COAST . . .	22	13	16	14	15	16	25	27	16	30	15	10	219	..	..	1	..	..	1	..	..	..	..	..	1	3	



JAILS, GROUPS, AND ADMINIS- TRATIONS.	ADMISSIONS FROM INTERMITTENT FEVER IN EACH MONTH.													ADMISSIONS FROM REMITTENT FEVER IN EACH MONTH.												
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Bellary, Central . .	13	8	5	11	8	4	2	1	3	8	27	15	105	1	...	1	...	...	...	...	...	...	...	...	...	2
Salem „ . .	4	2	7	3	7	2	8	7	5	...	5	5	55	...	...	...	...	...	...	...	...	...	...	...	...	...
Coimbatore, Central	3	1	7	1	1	2	...	4	4	2	2	1	28	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>B</b>																										
Palamcottah . .	4	1	2	3	1	...	3	...	2	...	1	6	25	...	...	...	...	...	...	...	...	...	...	...	...	...
Madura . .	2	...	1	...	...	1	2	16	13	...	3	6	44	...	...	...	...	...	...	...	...	...	...	...	...	...
Trichinopoly, Central	1	...	...	...	...	1	...	1	1	3	5	1	13	...	...	...	...	...	...	...	...	...	...	...	...	...
Cuddalore . .	...	...	...	1	...	1	...	2	1	1	1	1	8	...	...	...	...	...	...	...	...	...	2	...	...	2
Vellore, Central . .	9	2	3	6	4	3	8	1	3	5	5	7	56	...	...	...	...	...	...	...	...	1	...	...	...	1
Madras Peniten- tiary, Central . .	...	...	1	4	2	3	2	4	1	1	1	2	21	...	...	...	...	...	...	...	1	...	...	...	...	1
Nellore . .	2	...	...	2	...	1	...	...	...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>C</b>																										
Rajahmundry, Cen- tral . .	17	10	5	8	4	5	8	4	3	9	3	9	85	...	...	...	...	...	...	...	...	...	...	...	...	...
Vizagapatam. . .	4	3	1	...	3	7	5	4	15	4	6	4	56	...	...	...	...	...	...	...	...	...	...	...	...	...
berhampur . .	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP XI.— SOUTHERN INDIA . .</b>	60	27	32	39	30	30	39	44	51	35	59	57	503	1	...	1	...	...	...	...	...	1	1	2	...	6
Shillong . .	...	...	...	...	...	...	...	1	2	...	3	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...
Darjeeling . .	3	...	4	6	5	3	1	7	4	6	3	2	44	...	...	1	...	...	...	...	...	...	...	...	...	1
Almora . .	2	...	...	2	1	1	2	...	...	...	...	...	8	...	...	...	...	...	...	...	...	...	...	...	...	...
Pauri . .	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	1	1	4	3	...	1	2	...	...	15
Naini Tal . .	...	...	...	...	1	...	...	...	...	...	1	...	2	...	...	...	...	1	...	...	...	...	...	...	...	1
Abbottabad . .	1	2	1	...	...	4	3	5	3	...	...	2	21	...	...	...	...	...	...	...	...	...	...	...	...	...
Quetta . .	3	3	...	4	2	1	3	2	6	1	2	...	27	...	...	...	...	...	...	...	...	...	...	...	...	...
Mercara . .	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Russellkonda . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP XII.— HILLS. .</b>	9	5	5	12	9	11	9	15	15	7	9	5	111	3	...	1	1	2	4	3	...	1	2	...	...	17
<b>EXTRA INDIA:— ADEN . .</b>	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>INDIA*</b>	1,471	959	1,055	1,173	1,362	1,265	1,434	1,593	2,038	2,139	1,859	1,393	17,741	10	4	8	8	10	8	13	16	3	6	6	8	100
BURMA . .	38	23	13	23	17	35	55	73	45	59	67	52	500	1	...	...	...	1	2	2	...	...	...	1	...	7
EASTERN BENGAL AND ASSAM . .	140	129	127	157	150	145	128	216	180	188	171	137	1,868	2	...	1	2	1	...	3	...	...	1	...	...	10
BENGAL . .	389	263	284	366	438	336	412	431	522	633	540	353	4,967	3	2	4	3	2	1	5	3	...	2	2	2	29
UNITED PROVINCES	332	235	289	313	288	274	365	368	741	621	541	405	4,772	3	...	4	1	2	4	7	2	2	2	1	...	28
PUNJAB . .	270	145	174	166	257	218	220	180	267	253	237	195	2,582	...	1	2	...	1	...	...	1	...	...	...	...	6
N.-W. F. PROV- INCE . .	45	51	29	25	49	59	48	52	43	62	22	24	509	...	...	...	...	...	...	...	...	...	...	...	...	...
CENTRAL PROV- INCES . .	50	26	32	18	29	24	28	49	82	83	51	37	509	...	1	...	...	4	2	2	...	...	1	...	1	11
BOMBAY . .	134	48	71	44	78	129	117	161	92	192	159	113	1,338	...	...	1	...	...	1	...	...	...	...	...	...	2
MADRAS . .	66	35	35	45	37	35	54	56	58	41	61	59	582	1	...	1	...	...	...	...	...	1	1	2	1	7
ANDAMANS . .	1,316	1,234	1,782	2,006	1,914	2,293	2,026	1,598	1,402	1,422	1,084	926	19,003	1	...	...	...	1	...	6	...	...	...	6	...	14
INDIA† . .	2,787	2,193	2,837	3,179	3,276	3,558	3,460	3,191	3,440	3,561	2,943	2,319	36,744	11	4	8	8	11	8	19	16	3	6	6	14	114

\* Including Ajmer, Secunderabad, Quetta, Sibi and Mercara and excluding Andamans.

† Including Ajmer, Secunderabad, Quetta, Sibi, Mercara and Andamans.



# PRISONERS, 1907.

## TABLE LI.

*PNEUMONIA by months, Jails, Groups and Administrations.*

## TABLE LII.

*DYSENTERY by months, Jails, Groups and Administrations.*

*JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
Mergui . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	2
Moulmein . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	1	3	1	..	..	..	..	1	8
Shwegyin . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	1
Toungoo . . .	1	1	..	..	..	..	..	..	..	..	..	..	2	..	1	2	..	1	4	1	2	3	3	..	..	17
Rangoon, Central (Europeans) }	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Rangoon, Central (Natives) }	..	..	..	..	..	1	..	..	..	..	..	..	1	..	1	..	2	2	2	5	13	3	1	3	..	32
Maubin . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	1	..	1	..	..	..	..	3
Myaungmya . . .	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	1	..	1	2	..	1	..	1	..	2	8
Bassein, Central . . .	..	..	..	1	..	..	..	..	..	1	..	..	2	..	1	..	1	2	1	3	4	2	..	3	..	17
Insein " . . .	..	1	..	..	..	..	..	..	1	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..
Henzada . . .	..	..	..	..	..	..	..	..	1	..	..	..	1	..	..	..	..	..	1	..	..	..	..	..	..	1
Sandoway . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	2
Kyaukpyu . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
Akyab . . .	..	1	..	..	..	1	..	1	..	..	..	1	4	1	1	..	2	..	..	2	2	..	..	..	2	10
GROUP I.—BURMA COAST AND BAY ISLANDS . . .	1	3	1	1	..	2	..	1	2	1	..	1	13	3	5	3	5	8	15	12	25	10	5	7	5	103
Paungde . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	1	..	3	3	..	1	..	9
Prome . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	1	..	..	1	..	..	..	4
Thayetmyo, Central . . .	..	..	1	3	1	..	..	..	..	1	..	..	6	1	..	..	1	..	..	18	8	..	2	..	..	30
Yamethin . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	2
Meiktila . . .	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Myingyan, Central . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	5	1	5	4	..	11	18	6	14	11	5	8	88
Mandalay " . . .	1	1	1	..	1	..	..	..	..	..	..	2	6	1	2	..	..	5	7	10	3	3	1	1	2	35
Shwebo . . .	1	..	..	..	1	..	1	..	1	..	..	..	4	..	..	..	..	..	..	..	..	..	..	..	..	..
Bhamo . . .	..	..	..	1	..	..	..	..	1	..	..	..	2	..	..	..	..	..	2	..	1	1	..	..	..	4
GROUP II.—BURMA INLAND }	2	2	2	4	3	..	1	..	2	1	..	2	19	8	4	6	7	5	22	46	21	21	15	7	10	172
Cachar . . .	..	..	..	1	..	..	1	..	..	..	..	..	2	5	2	1	2	1	6	5	5	7	4	7	1	46
Sibsagar . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	2	2	3	2	..	2	..	..	7
Dibrugarh . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7
Tezpur . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	2	..	..	8	5	2	..	5	..	..	24
Gauhati . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	2	2	1	1	1	2	7	3	1	3	26
Sylhet . . .	..	..	3	..	..	2	..	1	..	..	..	..	6	10	8	8	9	9	14	15	16	24	28	13	4	158
GROUP III.—ASSAM }	..	..	3	1	..	2	1	1	..	..	..	..	8	19	11	13	14	13	31	29	27	38	42	21	10	268
Mymensingh . . .	1	..	1	..	..	..	2	..	..	..	..	1	5	9	24	27	23	28	39	27	12	17	16	21	13	256
Dacca, Central . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	7	3	15	14	7	22	25	12	15	14	23	16	173
Tippera . . .	..	..	..	1	..	..	1	..	..	..	..	..	2	1	..	1	2	2	7	10	4	1	4	3	3	38
Chittagong . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	7	3	8	5	4	..	11	2	1	14	6	9	70
Noakhali . . .	..	..	..	..	1	..	..	..	..	..	..	..	1	4	3	18	2	14	4	9	9	10	6	8	8	95
Bakarganj . . .	..	..	..	..	..	..	..	1	1	..	2	..	4	45	29	10	2	1	3	..	1	..	..	1	..	92
Khulna . . .	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	1	..	..	3	1	..	1	..	6
Jessore . . .	2	1	1	1	..	1	1	1	..	1	2	..	11	17	10	12	10	5	14	9	5	3	4	5	36	130
Baraset . . .	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	1	6	3	6	9	3	4	35
Presidency, Central, (Europeans) }	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1
Presidency, Central, (Natives) }	..	..	1	..	1	..	..	1	..	1	..	3	7	22	29	17	7									



JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Chaibassa . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	1	...	1	...	...	...	...	2	1	2	2	1	10
Purulia . . .	...	...	...	1	...	1	1	...	1	...	...	...	4	2	5	4	2	...	1	4	6	2	1	1	2	30
Ranchi . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	10	...	1	...	3	8	4	...	...	1	24
Palamau . . .	...	...	...	...	...	...	...	1	...	...	...	...	1	7	2	7	2	4	12	11	8	4	6	2	2	67
Hazaribagh, Central	1	...	...	...	3	...	...	1	2	...	...	...	7	10	4	5	8	13	5	15	20	19	15	17	13	144
<b>B</b>																										
Gaya . . .	1	...	...	1	...	...	...	...	1	...	1	...	4	1	...	...	...	4	4	3	...	...	...	...	1	13
Bhagalpur, Central	...	...	2	...	1	1	...	2	2	3	3	7	21	4	5	7	2	9	8	6	12	18	9	7	3	90
Monghyr . . .	...	...	...	...	...	...	1	...	...	...	1	...	2	3	1	1	2	2	3	9	5	4	14	4	3	51
Darbhanga . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	4	6	10	5	12	9	12	12	7	6	3	...	86
Champaran . . .	...	...	...	...	...	1	...	...	1	2	3	...	7	5	2	3	...	1	...	...	2	...	2	1	...	16
Muzaffarpur . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	2	2	6	5	1	1	7	8	3	3	9	6	53
Patna . . .	1	...	...	...	...	...	...	...	...	...	1	1	3	1	3	3	2	4	...	2	...	3	2	4	3	27
Arrah . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	1	3	3	7	3	5	5	12	10	2	1	2	54
Chapra . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	8	7	6	4	2	2	8	9	5	6	3	1	61
Buxar, Central	1	...	...	1	...	...	...	...	...	...	...	...	2	8	7	26	17	13	11	13	23	17	9	12	21	177
Korantadih . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1
Ghazipur . . .	...	...	...	...	...	2	...	...	...	...	...	...	2	...	...	1	1	...	...	3	6	1	3	1	...	18
Azamgarh . . .	1	...	1	1	...	...	...	...	...	...	...	...	3	2	...	1	2	1	1	1	2	1	...	1	1	13
Gorakhpur . . .	...	...	...	...	...	...	1	...	1	2	1	...	5	10	5	19	14	15	8	16	26	25	14	18	11	181
Basti . . .	...	...	...	3	...	...	...	1	...	1	1	...	6	1	3	1	5	2	...	2	8	4	3	8	9	46
Fyzabad . . .	...	1	...	2	...	...	...	...	...	...	2	3	8	...	...	1	1	...	1	...	1	...	1	...	1	6
Sultanpur . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Rai Bareilly . . .	...	...	...	...	2	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	1	...	1	1	3
Partabgarh . . .	...	...	...	...	...	...	...	...	1	...	...	1	2	...	...	...	...	...	...	...	...	...	...	1	1	1
Jaunpur . . .	...	...	...	...	2	...	...	...	...	...	1	6	9	...	...	...	...	...	1	2	...	...	...	...	...	11
Benares, Central	...	...	...	...	...	...	...	...	...	1	4	2	7	5	1	9	2	3	...	1	1	6	5	1	5	39
„ District	1	...	...	...	...	...	...	...	1	...	1	1	4	1	...	3	2	...	1	1	1	2	3	3	2	19
Mirzapur . . .	...	1	...	...	...	...	...	1	...	1	...	...	3	1	...	...	...	...	...	...	...	1	...	...	...	2
Allahabad, Central	...	...	1	...	...	...	...	1	...	...	...	...	2	3	...	1	1	...	...	2	2	5	...	1	2	17
„ District	1	2	2	1	1	3	1	3	...	2	1	2	19	...	3	2	2	7	1	...	3	5	2	3	1	29
Karwi . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
Banda . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	2	...	...	...	...	2	...	...	2	...	1	4	13
Fatehpur . . .	...	1	...	...	...	...	...	...	...	...	1	...	2	...	...	...	...	...	...	...	...	3	3	...	...	6
Hamirpur . . .	1	1	...	...	1	...	...	...	2	...	1	...	6	...	...	1	3	...	...	1	1	2	1	...	...	9
Orai . . .	1	...	...	...	...	...	...	...	...	1	...	3	5	3	1	...	...	...	...	...	...	2	1	1	...	8
Cawnpore . . .	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1
Unao . . .	1	...	...	...	...	...	1	...	...	...	...	...	2	...	...	3	1	...	...	...	...	...	1	...	1	6
Lucknow, Central	2	...	...	...	1	...	...	...	1	...	...	1	5	1	...	2	...	1	...	...	...	2	7	...	...	13
„ District	...	...	1	1	...	...	...	...	...	2	1	...	5	...	...	...	...	...	...	...	1	7	...	2	2	12
Barabanki . . .	...	...	1	1	...	1	...	...	1	...	2	1	7	1	...	...	2	...	...	...	1	...	1	...	1	6
Gonda . . .	1	...	...	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	1	...	...	2	...	...	...	3
Bahraich . . .	...	...	...	...	...	...	...	...	...	...	4	4	8	1	1	...	2	...	1	3	1	1	...	2	4	16
Kheri . . .	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	1	...	...	...	1	3
Sitapur . . .	...	...	...	1	...	...	2	1	1	1	...	8	14	...	...	1	...	...	1	1	4	3	5	...	1	16
Hardoi . . .	...	1	1	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...
Etawah . . .	...	2	...	...	...	...	...	...	...	...	4	4	10	2	...	1	1	...	...	...	2	...	...	1	2	9
Mainpuri . . .	...	...	...	...	...	...	...	...	1	3	...	...	4	2	...	2	4	3	...	1	2	4	2	4	...	26
Etah . . .	1	...	...	...	...	1	...	1	...	1	2	1	7	2	1	...	...	2	...	1	2	1	3	1	1	14
Fatehgarh, Central	...	...	...	1	...	...	1	...	...	...	1	4	7	3	1	1	...	2	...	1	...	1	1	2	1	13
„ District	...	1	1	...	...	...	...	...	...	...	...	3	5	...	1	...	2	1	...	...	2	...	...	...	1	7
<b>GROUP V.—GANGESIC PLAIN AND CHUTIA NAGPUR . . .</b>	<b>14</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>12</b>	<b>11</b>	<b>8</b>	<b>13</b>	<b>16</b>	<b>18</b>	<b>39</b>	<b>55</b>	<b>223</b>	<b>100</b>	<b>65</b>	<b>142</b>	<b>104</b>	<b>106</b>	<b>78</b>	<b>136</b>	<b>194</b>	<b>173</b>	<b>132</b>	<b>123</b>	<b>117</b>	<b>1,470</b>
<b>A</b>																										
Shahjahanpur . . .	...	...	...	...	...	...	2	...	...	...	...	...	2	5	1	1	1	2	...	...	2	3	1	...	...	16
Pilibhit . . .	...	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	...	...	2	...	4
Bareilly, Central	3	2	1	3	3	...	4	3	1	3	5	2	30	...	1	1	...	...	...	1	...	1	2	2	...	10
„ District	1	1	...	1	2	...	...	...	2	1	5	5	20	...	...	...	3	1	...	3	6	2	5	9	3	32
Budaun . . .	...	...	...	...	1	...	...	...	...	...	...	...	3	...	1	1	...	2	...	...	...	...	1	1	1	7
Aligarh . . .	...	4	1	...	...	...	1	1	...	...	...	...	7	...	...	...	...	...	...	...	2	...	2	4	1	9
Bulandshahr . . .	...	...	...	...	...	...	...	1	...	1	1	...	3	...	...	...	2	...	1	2	1	3	1	1	...	11
Moradabad . . .	...	...	...	1	4	1	...	...	1	...	...	6	13	...	...	1	...	3	1	3	1	2	1	1	1	14
Bijnor . . .	1	1	...	...	...	1	...	...	...	...	...	2	5	1	...	...	...	...	...	...	2	7	1	...	...	11
Saharanpur . . .	7	3	...	...	...	...	1	...	...	...	1	4	16	11	3	3	...	4	9	11	6	18	20	18	11	114
Muzaffarnagar . . .	1	6	...	...	...	...	...	...	...	...	1	5	13	...	...	...	...	...	1	...	2	2	...	...	...	5
Meerut . . .	1	...	...	...	1	1	...	1	1	3	5	5	18	...	...	1	...	1	...	1	5	...	3	1	...	12
Delhi . . .	2	4	...	1	...	...	2	...	...	...	1	8	18	...	1	...	...	...	1	...	2	2	2	1	...	9
Rohatak . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	2	...	...	4
Hissar . . .	3	1	2	...	...	...	...	...	...	...	...	...	7	...	...	...	...	...	...	...	1	1	2	1	1	6
Karnal . . .	...	1	...	...	...	...	1	...	...	...	...	5	7	1	...	...	...	...	...	...	...	...	2	...	...	3
Ambala . . .	2	2	...	1	...	...	1	...	3	1	5	5	20	6	...	...	1	...	...	...	1	1	2	1	1	13
<b>B</b>																										
Ludhiana . . .	...	...	...	...	...	...	...	...	...	...	1	2	3	...	...	...	...	2	...	...	...	2	...	...	...	4
Hoshiarpur . . .	...	...	...	...	...	...	1	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	1
Jullundur . . .	...	...	...	...	...	...	...	...	...	2	1	...	3	1	...	1	...	2	2	...	1	3	2	1		



TABLE LI—concluded.

PNEUMONIA by months, Jails, Groups, and Administrations.

TABLE LII—concluded.

DYSENTERY by months, Jails, Groups, and Administrations.

JAILS AND GROUPS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.														
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	
A																											
Peshawar . . .	4	...	...	1	...	...	2	...	1	...	...	6	14	...	...	...	5	7	4	10	10	4	9	7	5	61	
Kohat . . .	1	...	...	1	...	...	...	...	...	...	...	1	3	1	...	...	...	3	3	1	...	3	...	...	...	15	
Bannu . . .	...	...	...	...	...	...	...	...	...	...	1	...	1	...	1	...	...	2	1	...	2	...	1	...	...	10	
Shahpur . . .	...	...	...	...	...	...	...	...	...	...	...	3	3	2	3	...	...	1	...	...	...	1	4	2	1	14	
Mianwali . . .	1	5	2	...	...	...	...	...	...	1	1	1	11	1	...	...	2	...	2	2	2	6	4	2	...	21	
Lyallpur . . .	1	...	...	...	...	...	...	1	...	...	1	...	3	...	...	...	1	...	...	...	...	...	1	...	...	2	
Jhang . . .	...	2	...	...	...	1	...	...	...	...	...	3	6	1	...	...	1	...	1	...	...	1	...	...	...	5	
Montgomery, Central . . .	13	3	...	...	1	2	3	3	...	1	3	8	37	31	7	9	6	11	20	6	4	6	16	13	6	135	
Mooltan, Central . . .	3	1	1	2	1	...	1	1	1	...	2	...	13	2	4	1	1	...	...	2	...	2	3	3	...	18	
" District . . .	...	1	...	...	3	2	1	2	...	...	1	3	13	...	1	...	...	...	...	1	...	2	...	...	...	4	
Dera Ismail Khan . . .	2	5	3	...	...	...	...	...	...	...	...	...	10	...	2	...	...	...	...	...	2	...	2	1	2	14	
Dera Ghazi Khan . . .	2	2	...	1	...	...	...	...	...	...	...	1	6	...	2	...	...	...	...	...	...	...	2	3	...	9	
B																											
Sibi . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	3	1	...	3	...	1	...	...	...	1	...	...	9	
C																											
Sukkur . . .	2	1	...	...	...	1	...	...	...	...	2	...	6	2	1	1	1	2	...	2	2	...	1	...	...	12	
Sind Gang . . .	13	3	2	...	...	...	1	2	1	2	16	13	53	2	2	...	1	...	...	4	5	3	1	...	...	18	
Hyderabad, Central . . .	6	3	1	2	2	2	2	4	10	10	15	5	62	4	...	...	2	1	4	8	8	2	7	3	6	45	
Karachi . . .	...	1	...	...	...	...	4	2	1	2	...	...	10	4	4	2	3	2	5	1	...	...	...	1	4	26	
GROUP VII.—																											
N.-W. FRONTIER, INDUS VALLEY, AND N.-W. RAJPUTANA . . .	48	27	10	7	7	8	14	15	14	16	42	44	252	54	28	13	30	30	42	38	35	30	51	37	30	418	
A																											
Rajkot . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	
Ahmedabad, Central . . .	...	1	1	...	1	...	...	1	...	...	...	...	4	...	...	...	3	1	...	1	4	1	3	...	...	13	
B																											
Ajmer . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	1	...	...	...	...	2	5	...	...	...	10	
Muttra . . .	1	2	1	2	...	2	...	...	1	...	1	1	11	...	...	2	...	3	1	2	3	1	3	1	3	19	
Agra, Central . . .	1	2	4	...	2	1	2	2	2	5	5	19	45	2	...	1	...	...	...	...	...	8	3	2	2	19	
" District . . .	1	1	1	1	...	...	...	1	...	1	1	...	7	...	...	...	...	...	...	1	2	1	...	1	...	5	
Jhansi . . .	1	...	1	...	2	1	1	...	...	1	...	1	8	1	...	2	1	1	...	1	3	2	1	1	...	13	
Lalitpur . . .	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
GROUP VIII.—																											
S.-E. RAJPUTANA, CENTRAL INDIA AND GUJARAT . . .	4	6	8	3	5	5	3	4	3	8	7	21	77	4	...	6	5	6	1	5	14	19	10	4	6	80	
A																											
Damoh . . .	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	1	3	...	...	1	...	5	
Saugor . . .	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	2	3	...	8	
Jubbulpore, Central . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Mandla . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	1	4	
Bilaspur . . .	...	...	1	...	...	...	...	1	...	...	1	...	3	...	...	1	1	3	2	2	4	3	3	2	7	28	
Sambalpur . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	1	...	...	...	1	4	4	10	2	...	24	
Raipur, Central . . .	...	1	...	...	1	...	1	...	...	1	1	...	5	...	...	...	1	...	...	1	...	1	...	...	...	3	
Balaghat . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	1	3	
Seoni . . .	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	1	
Chhindwara . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Hoshangabad . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	4	...	...	...	...	1	...	...	6	
Nimar . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	2	
Betul . . .	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	1	2	5	2	2	1	3	16	
Nagpur, Central . . .	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	3	...	...	...	...	...	4	
Bhandara . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	1	...	...	4	
Wardha . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	2	...	...	...	4	
Chanda . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
B																											
Secunderabad . . .	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	2	1	...	...	...	...	6	
Yeotmal . . .	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	4	2	6	3	1	17	
Amraoti, Central . . .	...	...	...	...	...	...	...	...	1	...	...	3	4	1	...	...	...	1	...	...	1	...	...	...	...	3	
Akola, Central . . .	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	...	...	1	1	...	...</			



JAILS, GROUPS AND ADMINIS- TRATIONS.	ADMISSIONS FROM PNEUMONIA IN EACH MONTH.												ADMISSIONS FROM DYSENTERY IN EACH MONTH.													
	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	TOTAL.
<b>A</b>																										
Bellary, Central	1	...	...	...	...	...	...	...	...	...	...	...	1	2	3	3	1	1	1	2	3	5	3	4	1	29
Salem "	...	1	1	...	...	...	...	2	...	...	2	...	6	1	1	...	3	1	...	2	6	13	11	4	4	46
Coimbatore "	...	...	...	...	...	...	...	...	...	3	...	2	5	1	1	3	4	77	8	14	7	6	1	4	1	127
<b>B</b>																										
Palamcottah	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	3	1	3	1	4	...	3	2	15	28	62
Madura	...	...	...	...	...	...	...	...	...	...	...	...	...	1	2	2	...	1	1	1	2	15	...	...	7	32
Trichinopoly,																										
Central	...	1	...	...	...	...	...	...	...	...	1	...	2	1	...	...	...	...	...	...	...	...	1	...	...	3
Tanjore	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	2	...	7	...	12
Cuddalore	...	...	...	...	...	1	...	...	...	...	...	...	1	2	1	1	...	2	...	1	3	1	...	2	7	20
Vellore, Central	1	1	...	...	...	1	...	1	...	2	2	8	5	2	2	7	3	1	1	10	4	2	...	1	...	38
Madras, Civil	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	2
Madras Peniten- tiary, Central }	1	1	1	1	...	...	1	...	...	1	...	6	...	1	...	...	...	...	1	2	...	...	...	...	...	4
<b>C</b>																										
Rajahmundry,	...	...	...	...	...	...	...	...	...	1	1	2	11	7	1	7	2	4	2	10	8	...	1	...	...	53
Central	...	...	...	...	1	...	...	8	1	...	...	10	1	1	...	1	...	1	8	10	5	2	3	6	...	38
Vizagapatam	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
Berhampur	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>GROUP XI.— SOUTHERN INDIA }</b>	4	4	2	1	1	1	2	2	9	5	6	5	42	27	19	15	24	91	18	38	52	62	24	35	62	467
Shillong	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	3	1	...	1	...	8
Darjeeling	...	...	...	1	2	...	...	...	...	...	...	...	3	1	1	...	2	...	1	1	...	...	1	...	...	7
Almora	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	...	...	...	...	...	...	...	1
Naini Tal	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	2
Abbottabad.	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	1	...	1	...	4
Quetta	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	1	1	...	...	...	...	6
Mercara	...	...	...	...	1	...	1	...	...	...	...	2	1	1	1	1	...	1	...	1	...	3	...	1	...	10
Russellkonda	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	2
<b>GROUP XII.— HILLS }</b>	1	...	...	1	3	...	1	...	...	...	...	1	7	3	2	1	5	3	5	3	6	2	6	1	3	40
<b>EXTRA INDIA.— ADEN }</b>	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
<b>INDIA*</b>	125	103	72	54	60	47	62	53	66	68	146	218	1,074	480	342	502	398	506	470	645	736	672	583	497	497	6,328
BURMA	3	5	3	5	3	2	1	1	4	2	...	3	32	11	9	9	12	13	37	58	46	31	20	14	15	275
<b>EASTERN BENGAL AND ASSAM }</b>	4	3	13	3	3	5	9	3	3	...	4	3	53	113	101	181	109	114	143	154	149	142	154	116	96	1,574
BENGAL	21	14	11	13	13	12	6	9	10	12	14	17	152	176	140	201	143	146	153	221	250	190	148	135	160	2,063
<b>UNITED PROVINCES }</b>	28	33	19	19	23	17	18	18	17	28	54	98	372	63	23	63	53	59	31	63	105	129	99	100	83	871
PUNJAB	33	28	11	8	8	6	11	9	6	4	29	62	215	54	28	14	17	26	29	14	28	40	50	47	23	370
<b>N.-W. F. PROVINCE }</b>	8	5	3	2	...	...	2	...	1	...	1	7	29	2	3	...	9	13	9	13	13	7	14	10	11	104
<b>CENTRAL PROVINCES }</b>	2	2	2	...	1	...	2	1	2	2	2	3	19	6	...	2	5	7	2	12	20	17	23	10	6	110
BOMBAY	21	9	7	3	6	4	8	9	14	14	35	19	149	19	15	10	16	20	34	52	54	36	31	21	30	338
MADRAS	5	4	2	1	2	1	4	3	9	5	7	6	49	28	20	18	23	107	30	55	66	74	40	44	72	582
ANDAMANS	16	5	10	8	9	18	32	25	13	24	17	24	201	88	75	97	166	195	231	212	125	95	84	105	110	1,583
<b>INDIA</b>	141	108	82	62	69	65	94	78	79	92	163	242	1,275	568	417	599	564	701	701	857	861	767	667	602	607	7,191

\* Including Ajmer, Secunderabad, Quetta, Sibi and Mercara and excluding Andamans.  
† Including Ajmer, Secunderabad, Quetta, Sibi, Mercara and Andamans.



## TABLE LIII.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULA- TION OF INDIA.	
	MEN, 69,332				WOMEN, 3,496		CHILDREN, 5,379.		Present Enrolled	126,392 148,401		107,675	
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Invalids	Admis- sions.	Deaths.
Small-pox . . . . .	30	3'11	1	...	5	...	3	1	48	5	...	65	6
Cow-pox . . . . .	9	'28	...	...	1	...	1	...	53	...	...	21	...
Chicken-pox . . . . .	12	'94	...	...	2	...	22	...	128	...	..	446	...
Measles . . . . .	62	3'46	...	...	3	...	91	1	218	1	...	71	1
Rubella . . . . .	2	'17	...	...	...	...	4	...	9	...	...	1	...
Scarlet fever . . . . .	11	1'25	...	...	...	...	13	1	...	...	...	...	...
Typhus . . . . .	...	...	...	...	1	...	...	...	24	4	...	...	...
Plague . . . . .	8	'99	3	...	...	...	...	1	85	56	...	59	30
Relapsing fever . . . . .	...	...	...	...	...	...	...	...	26	3	...	25	1
Dengue . . . . .	79	3'57	...	...	2	...	...	...	188	...	...	1	...
Influenza . . . . .	864	29'04	...	...	13	...	17	...	820	2	...	470	7
Whooping-cough . . . . .	...	...	...	...	...	...	28	2	1	...	...	...	...
Mumps . . . . .	3	'28	...	...	1	...	7	...	325	...	...	498	...
Diphtheria . . . . .	5	'89	...	1	1	...	5	2	...	...	...	...	...
Cerebrospinal fever . . . . .	...	...	...	...	...	...	...	...	3	3	...	13	11
Simple continued fever . . . . .	2,553	100'30	...	3	33	...	77	1	2,094	2	2	804	1
Enteric fever . . . . .	910	200'40	192	86	31	6	32	...	182	44	...	65	19
Mediterranean Fever . . . . .	5	'80	...	2	...	...	...	...	62	2	...	2	...
Cholera . . . . .	3	'07	2	...	2	1	...	...	34	24	...	128	54
Choleraic diarrhœa . . . . .	...	...	...	...	...	...	1	1	...	...	...	13	2
Epidemic diarrhœa . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	...
Dysentery . . . . .	813	67'00	23	49	29	1	39	4	4,234	25	4	7,911	285
Beri-beri . . . . .	37	3'36	1	5	...	...	...	...	7	...	1	107	12
Intermittent fever . . . . .	10,538	434'05	9	266	206	2	229	2	27,865	50	36	36,744	98
Remittent fever . . . . .	124	9'91	5	8	1	...	4	...	557	34	...	114	22
Sloughing phagedæna . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Hospital gangrene . . . . .	1	'23	...	1	...	...	...	...	...	...	...	...	...
Erysipelas . . . . .	22	1'22	1	...	2	...	...	...	17	1	1	56	17
Pyæmia . . . . .	2	'17	...	1	...	...	...	...	4	1	...	3	3
Septicæmia . . . . .	3	'60	4	...	1	...	...	...	6	5	...	3	3
„ puerperal . . . . .	...	...	...	...	4	3	...	...	...	...	...	2	1
Tetanus . . . . .	2	'08	2	1	...	...	...	...	4	4	...	6	3
Tubercle, not defined . . . . .	...	...	...	...	...	...	...	...	8	...	4	...	...
„ general . . . . .	3	'13	1	...	...	...	...	...	1	1	...	5	4
„ of brain and its membranes . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
„ „ iris . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ „ larynx . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ „ lungs . . . . .	111	28'69	13	107	12	1	2	...	322	42	143	802	313
„ „ „ and pleura . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
„ „ „ „ intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	13	12
„ „ „ „ peritonæum . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
„ „ „ „ pleura . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ „ „ „ intestines . . . . .	...	...	...	...	...	...	...	...	1	...	1	12	9
„ „ „ „ and peritonæum . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
„ „ „ „ peritonæum . . . . .	...	...	...	...	...	...	...	...	1	1	...	4	2
„ „ „ „ lymphatic glands . . . . .	2	'29	...	1	3	...	2	1	11	1	2	49	5
„ „ „ „ „ and peri- tonæum . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
„ „ „ „ kidney . . . . .	1	'08	1	...	...	...	...	...	...	...	...	2	1
„ „ „ „ scrotum . . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
„ „ „ „ testicle . . . . .	2	'30	...	1	...	...	...	...	...	...	...	...	...
„ „ „ „ bones . . . . .	...	...	...	...	...	...	1	...	4	...	2	...	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.						
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
Tubercle of joints . . . . .	2	'15	...	2	...	...	...	...	2	...	...	1	2
Leprosy . . . . .	...	...	...	...	...	...	...	...	15	...	12	79	12
Yaws . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Syphilis . . . . .	1,542	209'43	3	76	1	...	...	...	623	1	36	1,385	12
„ inherited . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Gonorrhœa . . . . .	3,325	390'12	...	21	...	...	1	...	733	...	11	403	...
Hydrophobia . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Anthrax . . . . .	...	'05	...	...	...	...	...	...	2	...	...	1	1
Kala Azar . . . . .	...	...	...	...	...	...	...	...	12	5	1	1	...
Distomum crassum . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Bilharzia hæmatobia . . . . .	9	2'01	...	4	...	...	...	...	...	...	...	...	...
Bothriocephalus latus . . . . .	...	...	...	...	...	...	...	...	2	...	...	12	...
Tænia solium . . . . .	191	6'39	...	...	9	...	17	...	15	...	...	59	...
„ mediocanellata . . . . .	16	'35	...	...	...	...	1	...	8	...	...	4	...
Cysticercus tenuicollis . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Echinococcus hominis . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Ascaris lumbricoides . . . . .	3	'12	...	...	...	...	3	...	60	1	...	42	1
„ Mystax . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Guinea-worm . . . . .	...	...	...	...	...	...	...	...	472	...	1	438	...
Filaria sanguinis hominis . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Strongylus duodenalis . . . . .	3	'15	...	...	...	...	...	...	5	...	...	34	8
Thread-worm . . . . .	4	'09	...	...	...	...	3	...	1	...	...	23	...
Pediculus capitis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
„ vestimenti . . . . .	7	'18	...	...	...	...	2	...	2	...	...	...	...
Phthirus inguinalis . . . . .	38	'61	...	...	...	...	...	...	...	...	...	...	...
Acanthia lectularia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Culex anxifer . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	...
Scabies . . . . .	443	18'74	...	...	1	...	7	...	1,269	...	...	747	...
Galeodes araneoides . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Actinomycosis . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Mycetoma . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Tinea favosa . . . . .	...	...	...	...	...	...	...	...	2	...	...	10	...
Ringworm . . . . .	254	9'28	...	...	...	...	...	...	350	...	...	136	...
Tinea versicolor . . . . .	16	'99	...	...	...	...	...	...	2	...	...	...	...
Oidium albicans . . . . .	...	...	...	...	...	...	1	...	...	...	...	6	...
Surfeit . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	...
Scurvy . . . . .	1	'12	...	1	2	...	1	...	286	16	2	123	6
Alcoholism . . . . .	91	3'57	3	1	2	...	...	...	1	...	...	2	...
Delirium tremens . . . . .	1	'01	1	...	...	...	...	...	...	...	...	...	...
Rheumatic fever . . . . .	59	5'79	...	3	1	...	...	...	29	1	...	16	3
Rheumatism . . . . .	681	44'66	1	25	17	...	2	...	1,210	2	50	1,102	5
Gout . . . . .	4	'37	...	1	...	...	...	...	1	...	...	1	...
Osteoarthritis . . . . .	...	'25	...	1	...	...	...	...	10	...	2	1	...
Cyst . . . . .	62	2'37	1	...	4	1	...	...	47	...	...	18	1
Ranula . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
New growth, non-malignant, not defined . . . . .	7	'56	...	...	...	...	1	...	11	...	1	21	...
Pterygium . . . . .	...	...	...	...	...	...	...	...	27	...	...	19	...
Lipoma . . . . .	14	'91	...	...	...	...	...	...	8	...	...	14	...
Fibroma . . . . .	10	'63	...	1	1	...	...	...	12	...	...	5	...
Chondroma . . . . .	2	'07	...	...	...	...	...	...	2	...	1	...	...
Osteoma . . . . .	5	'20	...	2	...	...	...	...	2	...	1	1	...



# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Myxoma . . . . .	8	'55	...	...	2	...	...	...	...	...	...	...	...
Mucous polypus . . . . .	...	...	...	...	...	...	...	...	3	...	...	7	...
Myoma . . . . .	...	...	...	...	1	...	...	...	1	...	...	...	...
Neuroma . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Angioma . . . . .	1	'06	...	...	...	...	...	...	...	...	...	1	...
Lymphadenoma . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Papilloma . . . . .	6	'47	...	...	...	...	...	...	1	...	...	...	...
Wart } . . . . .	201	11'60	...	...	...	...	...	...	4	...	...	6	...
Columnar papilloma . . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
Condyloma . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Adenoma . . . . .	4	'28	...	...	...	...	3	...	4	...	1	2	1
Sarcoma . . . . .	...	...	...	...	1	...	...	...	2	...	2	...	...
New growth, malignant, not defined .	1	'14	...	...	1	...	...	...	3	...	...	4	...
Sarcoma . . . . .	5	1'32	1	3	1	1	...	...	4	...	...	1	2
Carcinoma . . . . .	...	'64	2	2	1	...	...	...	1	...	...	15	15
Epithelioma . . . . .	...	...	...	...	...	...	...	...	...	...	...	5	3
Rodent ulcer . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Columnar epithelioma . . . . .	4	'11	2	...	...	...	...	...	...	...	...	...	...
Rickets . . . . .	1	'04	...	1	...	...	11	3	...	...	...	...	...
Myxœdema . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Anæmia . . . . .	53	3'31	...	7	18	...	7	...	516	9	5	465	9
Chlorosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Idiopathic anæmia . . . . .	1	'01	1	...	...	...	...	...	2	2	...	6	3
Purpura . . . . .	2	'23	...	...	...	...	...	...	...	...	...	3	...
Leucocythæmia . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Hodgkin's disease . . . . .	...	...	...	...	...	...	...	...	2	...	1	...	...
Hæmophilia . . . . .	1	'01	...	...	...	...	...	...	...	...	...	1	...
Diabetes mellitus . . . . .	4	'63	2	2	...	...	...	...	13	1	3	15	4
„ insipidus . . . . .	2	'14	...	3	...	...	...	...	2	...	...	13	...
Immaturity at birth . . . . .	...	...	...	...	...	...	25	25	...	...	...	2	...
Fissure of the skull . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Harelip . . . . .	1	'04	...	...	...	...	2	...	1	...	...	...	...
Fissure of the palate . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
„ lip . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Hypospadiac fissure of the urethra .	1	'11	...	1	...	...	...	...	...	...	...	...	...
Congenital cyst on eye . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Malformation of external ear . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Foramen ovale, persistent . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Rectum absent . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Congenital phimosis . . . . .	15	1'22	...	...	...	...	21	...	...	...	...	...	...
Testicle diminutive . . . . .	1	'09	...	...	...	...	...	...	...	...	...	...	...
Congenital hydrocele of spermatic cord . . . . .	3	'41	...	...	...	...	...	...	...	...	...	...	...
Excessive growth of thumb . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Supernumerary toe . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Debility . . . . .	1,525	86'05	...	177	974	...	219	4	1,228	3	90	499	16
Old age . . . . .	...	...	...	...	...	...	...	...	...	...	...	84	1
Neuritis . . . . .	40	2'84	...	4	...	...	...	...	24	...	1	10	...
Multiple neuritis . . . . .	40	4'54	...	8	...	...	...	...	10	1	...	10	...
Eegeneration of the nerves . . . .	...	...	...	...	...	...	...	...	1	...	1	1	...
Spinal meningitis, not defined . . .	1	...	1	...	...	...	1	1	1	...	...	...	...
Pachymeningitis (spinal) . . . . .	6	'36	...	...	...	...	1	1	1	...	...	...	...
Myelitis . . . . .	2	'25	...	1	...	...	...	...	3	2	...	2	8



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Anterior poliomyelitis . . .	1	'20	...	1	...	...	...	...	...	...	...	1	...
Progressive muscular atrophy . .	1	'16	...	1	...	...	...	...	3	...	2	1	1
Primary lateral sclerosis . . .	2	'42	...	4	...	...	...	...	2	...	1	3	...
Posterior sclerosis . . . .	6	1'04	...	5	...	...	...	...	3	...	...	5	1
Posterolateral sclerosis . . .	1	'16	...	1	...	...	...	...	1	1	...	5	...
Disseminated „ . . . .	...	'17	...	1	...	...	...	...	2	...	1	...	...
Acute ascending paralysis . . .	...	...	...	...	...	...	...	...	1	...	...	1	1
Cerebral meningitis . . . .	3	'40	2	...	...	...	8	7	4	4	...	15	14
Pachymeningitis cerebral . . .	5	'20	4	...	...	...	2	2	...	...	...	...	...
Leptomeningitis „ . . . .	1	'01	1	...	...	...	1	1	...	...	...	...	...
Hæmorrhage into the membranes of the brain . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...
External hydrocephalus . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Encephalitis . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Abscess of the brain . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Sclerosis „ „ . . . .	2	'12	...	...	...	...	...	...	...	...	...	...	...
Softening of the brain . . . .	1	'02	1	...	...	...	...	...	1	1	...	2	2
Sanguineous apoplexy . . . .	3	'79	1	2	...	...	...	...	4	4	...	17	15
Hyperæmia of the brain . . . .	...	...	...	...	1	...	...	...	2	1	...	2	1
Anæmia „ „ . . . .	1	'02	...	...	...	...	...	...	2	...	...	...	...
Bulbar paralysis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Internal hydrocephalus . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Apoplexy . . . . .	...	...	...	...	...	...	...	...	1	...	...	6	2
Paralysis . . . . .	1	'08	...	...	...	...	...	...	5	...	2	6	...
Paraplegia . . . . .	5	1'54	...	3	...	...	...	...	3	...	1	23	1
Hemiplegia . . . . .	10	2'06	...	6	1	...	...	...	14	1	5	23	1
Monoplegia . . . . .	1	'24	...	1	...	...	...	...	...	...	...	2	...
Local paralysis . . . . .	2	'07	...	2	...	...	...	...	32	...	3	11	...
Incomplete paralysis . . . .	2	'36	...	3	...	...	...	...	2	...	1	3	...
Tremor . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Paralysis agitans . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Chorea . . . . .	6	1'68	...	2	...	...	1	...	2	...	1	...	...
Cramp . . . . .	1	'04	...	...	...	...	...	...	3	...	...	...	...
Wry-neck . . . . .	1	'04	...	...	...	...	...	...	6	...	...	2	...
Facial spasm . . . . .	...	...	...	...	...	...	...	...	5	...	...	1	...
Occupation-neurosis . . . .	1	'05	...	...	...	...	...	...	...	...	...	...	...
Infantile convulsions . . . .	...	...	...	...	...	...	18	14	...	...	...	...	...
Epilepsy . . . . .	45	6'24	...	33	5	...	1	...	31	1	13	98	4
Laryngismus stridulus . . . .	...	...	...	...	...	...	4	2	...	...	...	...	...
Tetany . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Vertigo . . . . .	13	'53	...	...	2	...	...	...	9	...	1	10	...
Headache . . . . .	73	2'50	...	...	1	...	...	...	44	...	...	13	...
Megrim . . . . .	4	'39	...	1	2	...	...	...	54	...	...	15	...
Anæsthesia . . . . .	...	...	...	...	...	...	...	...	4	...	...	...	...
Neuralgia . . . . .	225	9'20	...	...	12	...	1	...	426	...	7	162	...
Facial hemiatrophy . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Hysteria . . . . .	9	'45	...	1	13	...	...	...	6	...	...	12	...
Catalepsy . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Aphasia . . . . .	...	...	...	...	...	...	...	...	2	...	2	...	...
Stammering . . . . .	1	'07	...	1	...	...	...	...	...	...	...	...	...
Hiccough . . . . .	...	...	...	...	...	...	...	...	3	...	...	4	...
Nervous weakness . . . . .	23	1'82	...	9	5	...	...	...	6	...	2	3	...



# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Idiocy . . . . .	...		...	...	...	...	...	...	...	...	...	1	...
Mania . . . . .	17	4'55	...	17	1	...	...	...	12	...	8	60	3
Melancholia . . . . .	34	8'19	...	28	...	...	...	...	19	1	4	10	...
Dementia . . . . .	4	1'17	...	6	...	...	...	...	6	1	1	7	...
Mental stupor . . . . .	4	'71	...	1	...	...	...	...	...	...	...	1	...
Delusional insanity . . . . .	16	3'43	...	17	...	...	...	...	6	...	3	4	...
Conjunctivitis . . . . .	317	16'54	...	6	9	...	38	...	1,727	...	4	1,032	...
Granular conjunctivitis . . . . .	7	'34	...	...	...	...	...	...	110	...	2	34	...
Ecchymosis . . . . .	...	...	...	...	...	...	1	...	3	...	...	3	...
Œdema of the conjunctiva . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Keratitis . . . . .	14	1'16	...	2	1	...	...	...	44	...	5	31	...
Ulcerative keratitis . . . . .	37	3'20	...	4	1	...	4	...	185	...	4	271	...
Degeneration of the cornea . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Opacity of the cornea . . . . .	3	'25	...	...	...	...	...	...	16	...	5	18	...
Scleritis . . . . .	1	'01	...	...	...	...	...	...	1	...	...	...	...
Iritis . . . . .	46	4'64	...	1	1	...	1	...	70	...	1	18	...
Myosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Mydriasis . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Choroiditis . . . . .	6	'89	...	3	...	...	...	...	...	...	...	1	...
Atrophy and degeneration of choroid . . . . .	1	'14	...	1	...	...	...	...	...	...	...	...	...
Glaucoma . . . . .	...	...	...	...	...	...	...	...	4	...	...	5	...
Hypopyon . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Optic neuritis . . . . .	6	'09	...	5	...	...	...	...	3	...	2	1	...
Congestion of optic disc . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Atrophy and degeneration of optic nerve . . . . .	1	'21	...	1	...	...	...	...	1	...	...	1	...
Retinitis . . . . .	1	'02	...	...	1	...	...	...	8	...	2	1	...
Hæmorrhage in the retinal layers . . . . .	1	'16	...	...	...	...	...	...	...	...	...	...	...
Ischæmia of retina . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Degeneration and atrophy of retina . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Retinitis pigmentosa . . . . .	...	'21	...	1	...	...	...	...	...	...	...	...	...
Detachment of retina . . . . .	1	'01	...	1	...	...	...	...	...	...	...	...	...
Lenticular cataract . . . . .	3	'19	...	2	...	...	...	...	9	...	1	27	...
Capsular „ . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Dislocation of lens . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Hyalitis . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Panophthalmitis . . . . .	...	...	...	...	...	...	...	...	1	...	1	1	...
Shrunken eyeball . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Amblyopia and amaurosis . . . . .	6	'24	...	2	...	...	...	...	19	...	2	...	...
Functional night blindness . . . . .	4	'13	...	...	...	...	...	...	13	...	4	9	...
Congenital Amblyopia . . . . .	1	'05	...	1	...	...	...	...	...	...	...	...	...
Blinding from intense light . . . . .	6	'33	...	...	...	...	...	...	...	...	...	...	...
Musæ Volitantes . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Neuralgia of eyeball . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Ametropia . . . . .	8	'53	...	...	...	...	...	...	...	...	...	...	...
Myopia . . . . .	32	1'63	...	10	...	...	...	...	3	...	1	...	...
Hypermetropia . . . . .	23	1'02	...	8	...	...	...	...	1	...	...	...	...
Astigmatism . . . . .	46	2'42	...	21	...	...	...	...	...	...	...	...	...
Asthenopia . . . . .	6	'20	...	...	...	...	...	...	2	...	...	...	...
Squint . . . . .	2	'17	...	...	...	...	1	...	2	...	...	...	...
Abscess of lacrymal gland . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Stricture and obliteration of puncta and canaliculi . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...



DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Chronic dacryo-cystitis . . . .	1	'09	...	...	1	...	...	...	...	...	...	1	...
Abscess of lacrymal sac . . . .	1	'09	...	...	...	...	...	...	1	...	...	2	...
Fistula of       "       " . . . .	1	'34	...	...	...	...	...	...	...	...	...	2	...
Obstruction of nasal duct . . . .	3	'25	...	1	...	...	...	...	1	...	...	...	...
Epiphora . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Blepharitis marginalis . . . .	31	1'55	...	...	...	...	1	...	6	...	...	11	...
Stye . . . . .	13	'19	...	...	...	...	1	...	70	...	...	23	...
Abscess of the eyelids . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Ecchymosis       " . . . .	1	'02	...	...	...	...	...	...	1	...	...	...	...
Trichiasis . . . . .	...	...	...	...	...	...	...	...	1	...	...	7	...
Entropion . . . . .	...	...	...	...	...	...	...	...	2	...	1	16	...
Œdema of the eyelids . . . .	...	...	...	...	...	...	...	...	3	...	...	1	...
Ptosis . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the external ear .	570	24'68	...	3	1	...	7	...	240	...	1	246	...
Abscess       "       "       " .	1	'03	...	...	...	...	...	...	9	...	...	2	...
Hæmatoma of the auricle . . . .	2	'18	...	...	...	...	...	...	4	...	...	...	...
Accumulation in external meatus of wax and epidermis . . . .	7	'27	...	...	...	...	...	...	7	...	...	2	...
Inflammation of the middle ear .	163	7'43	...	13	3	...	3	...	41	...	2	33	...
"       "       " suppurative .	82	5'65	1	19	1	...	...	...	79	1	4	53	2
Ulceration of the membrana tympani .	2	'05	...	...	...	...	...	...	4	...	...	2	...
Perforation       "       "       " .	135	8'98	...	61	1	...	...	...	5	...	1	6	...
Tinnitus . . . . .	2	'04	...	...	...	...	...	...	...	...	...	...	...
Deafness . . . . .	20	1'36	...	19	...	...	...	...	12	...	3	...	...
Rhinitis . . . . .	12	'57	...	...	...	...	...	...	6	...	...	1	...
Coryza . . . . .	84	2'29	...	...	4	...	8	...	134	...	...	140	...
Ozæna . . . . .	1	'01	...	...	...	...	...	...	2	...	...	22	...
Abscess of the nose . . . .	1	'01	...	...	...	...	...	...	2	...	...	...	...
Necrosis and caries of bones of nose .	2	'33	...	1	1	...	...	...	...	...	...	...	...
Deviations of the septum . . . .	2	'05	...	...	...	...	...	...	...	...	...	...	...
Epistaxis . . . . .	15	'40	...	...	...	...	1	...	12	...	...	29	...
Inflammation of the accessory sinuses	3	'40	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the naso-pharynx .	1	'02	...	...	...	...	...	...	10	...	...	4	...
Hypertrophy of the pharyngeal tonsil.	...	...	...	...	...	...	...	...	12	...	...	...	...
Pericarditis . . . . .	2	'20	...	...	...	...	...	...	8	1	...	15	9
Adherent pericardium . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Endocarditis . . . . .	3	'34	2	...	1	1	...	...	5	...	1	4	3
Valvular disease of the heart . .	165	25'05	19	98	17	1	2	...	25	9	15	106	32
Abscess of the muscular substance of the heart . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Fatty degeneration of the muscular substance of the heart . . . .	8	'57	8	1	...	...	...	...	1	2	...	18	16
Hypertrophy of the heart . . . .	...	...	...	...	...	...	...	...	2	...	...	2	...
Dilatation of the heart . . . .	13	'80	7	3	...	...	...	...	12	1	3	9	3
Excessive growth of fat . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Aneurysm of the heart . . . .	...	'03	...	1	...	...	...	...	...	...	...	...	...
Thrombus . . . . .	1	'04	1	...	...	...	...	...	...	...	...	1	...
Embolus . . . . .	...	...	...	...	1	1	...	...	...	...	...	...	...
Angina pectoris . . . . .	3	'33	...	1	...	...	...	...	3	1	...	3	1
Syncope . . . . .	4	'03	2	...	...	...	2	2	7	8	...	4	6
Disordered action of the heart . .	515	50'41	...	79	7	...	...	...	30	1	5	11	...
Arteritis . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Endarteritis . . . . .	1	'05	...	...	...	...	...	...	...	...	...	2	1



# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Aneurysm of arteries . . . . .	5	'41"	2	1	...	...	...	...	1	2	...	5	2
Traumatic aneurysm . . . . .	...	...	...	1	...	...	...	...	1	...	...	...	...
Thrombosis . . . . .	2	'14	...	1	...	...	...	...	...	...	...	...	...
Embolism . . . . .	2	'09	1	1	1	1	...	...	...	...	...	3	3
Phlebitis . . . . .	27	2'80	...	5	1	...	...	...	7	...	...	1	...
Obstruction of veins . . . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...
Obliteration „ . . . . .	2	'24	...	...	...	...	...	...	...	...	...	...	...
Thrombosis „ . . . . .	8	1'11	...	4	1	...	...	...	2	1	...	1	...
Phlegmasia dolens . . . . .	1	'26	...	1	2	...	...	...	...	...	...	...	...
Varix . . . . .	91	6'08	...	9	4	...	...	...	11	...	1	1	...
Circulatory disease not defined . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Varicose aneurysm . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Croup . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Hay asthma . . . . .	2	'10	1	...	...	...	...	...	2	...	...	...	...
Laryngitis . . . . .	56	3'12	...	3	2	...	...	...	107	1	...	28	4
Œdema of glottis . . . . .	...	...	...	...	...	...	...	...	1	1	...	1	1
Aphonia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Tracheitis . . . . .	1	'01	...	...	...	...	...	...	8	...	...	...	...
Bronchitis . . . . .	1,223	50'58	2	23	41	...	175	3	2,656	11	17	2,406	25
Dilatation of bronchi . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Spasmodic asthma . . . . .	39	3'25	...	11	2	...	1	...	132	...	11	611	8
Congestion of the lungs . . . . .	2	'06	...	...	...	...	...	...	6	...	...	19	6
Hæmoptysis . . . . .	2	'04	...	...	...	...	...	...	13	...	...	21	2
Œdema of the lungs . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	2
Pneumonia . . . . .	195	19'00	24	4	6	...	16	4	1,567	252	5	1,275	332
Broncho-pneumonia . . . . .	19	1'27	3	1	...	...	22	8	61	4	...	59	6
Abscess of the lungs . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3
Gangrene of the lungs . . . . .	...	...	...	...	...	...	...	...	1	1	...	11	12
Cirrhosis of the lungs . . . . .	1	'01	1	...	...	...	...	...	...	...	...	...	...
Phthisis . . . . .	1	'09	...	...	...	...	...	...	2	1	1	3	1
Emphysema . . . . .	4	'21	...	1	...	...	...	...	6	...	1	6	3
Grinders' asthma . . . . .	1	'05	...	...	...	...	...	...	...	...	...	1	...
Pleurisy . . . . .	162	11'31	...	5	6	...	2	...	353	4	7	174	7
Empyema . . . . .	6	'73	1	2	...	...	...	...	4	3	...	3	...
Hydrothorax . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Pneumothorax . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Adhesions, including thickening and calcification . . . . .	1	'04	...	...	...	...	...	...	2	...	...	...	...
Other respiratory diseases not defined	...	...	...	...	...	...	...	...	2	...	...	...	...
Indammation of the lips . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Ulceration of the lips . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Stomatitis . . . . .	24	1'03	...	...	...	...	4	...	81	...	...	79	...
Ulceration of the mouth . . . . .	1	'06	...	...	...	...	...	...	5	...	...	4	...
Gangrene of the mouth . . . . .	1	'04	1	...	...	...	...	...	...	...	...	4	2
Disorders of dentition . . . . .	2	'05	...	...	...	...	54	7	...	...	...	...	...
„ „ with convulsions	...	...	...	...	...	...	3	2	...	...	...	...	...
„ „ „ diarrhœa . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Inflammation of the dental pulp . . . . .	...	...	...	...	...	...	...	...	2	...	...	2	...
Caries of dentine . . . . .	208	7'36	...	31	8	...	...	...	47	...	...	33	...
Necrosis of cementum . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the dental periosteum	71	2'32	...	...	2	...	...	...	10	...	...	2	...
Gum-boil . . . . .	159	5'34	...	...	...	...	1	...	157	...	...	199	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Inflammation of the gums and periosteum . . . . .	7	'23	...	...	...	...	...	...	21	...	...	13	...
Suppuration of the periosteum, gums, and alveoli . . . . .	13	'54	...	...	...	...	...	...	33	...	2	3	...
Ulceration of the gums and periosteum	2	'04	...	...	...	...	...	...	1	...	...	44	...
Caries of alveoli . . . . .	23	'94	...	2	...	...	...	...	2	...	...	11	...
Necrosis of „ . . . . .	4	'12	...	...	...	...	...	...	1	...	...	1	...
Malposition of teeth . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Impaction of „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	...
Toothache . . . . .	...	...	...	...	...	...	...	...	4	...	...	1	...
Glossitis . . . . .	2	'06	...	...	...	...	...	...	9	...	...	2	...
Ulceration of the tongue . . . . .	1	'21	...	...	...	...	...	...	7	...	...	...	...
Sore throat . . . . .	483	14'14	...	1	9	...	11	...	124	...	...	58	...
Ulceration of the palate and fauces . . . . .	3	'30	...	...	...	...	...	...	3	...	...	2	...
Tonsillitis . . . . .	196	4'83	...	...	7	...	19	...	103	...	1	...	...
Follicular tonsillitis . . . . .	1,110	38'73	...	...	17	...	21	...	120	...	...	62	...
Quinsy . . . . .	50	1'41	...	...	1	...	...	...	13	...	...	34	...
Hypertrophy of the tonsils . . . . .	6	'45	...	...	...	...	...	...	3	...	...	1	...
Elongated uvula . . . . .	...	...	...	...	...	...	...	...	3	...	...	2	...
Inflammation of the salivary glands . . . . .	3	'08	...	...	...	...	...	...	6	...	...	9	1
Suppuration of the salivary glands . . . . .	1	'02	...	...	...	...	...	...	1	...	...	...	...
Salivary calculus . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the pharynx and œsophagus . . . . .	36	1'31	...	1	1	...	...	...	65	...	...	22	...
Post-pharyngeal abscess . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Ulceration of the pharynx . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Gastritis . . . . .	217	9'54	...	1	20	1	13	3	61	...	...	40	1
Ulceration of the stomach . . . . .	...	...	...	...	5	...	...	...	2	...	...	6	3
„ „ „ perforating	2	'07	1	...	1	...	...	...	2	...	2	8	8
Hæmatemesis . . . . .	6	'52	...	...	...	...	...	...	3	...	...	8	...
Melæna . . . . .	...	...	...	...	...	...	...	...	...	...	...	4	...
Degeneration of the stomach . . . . .	1	'08	...	...	...	...	...	...	...	...	...	...	...
Dilatation „ „ „ . . . . .	7	'27	...	3	...	...	...	...	2	...	...	2	1
Stricture of pylorus . . . . .	...	...	...	...	...	...	...	...	1	1	...	2	1
Indigestion . . . . .	805	29'23	...	4	49	...	19	...	336	...	2	693	...
Vomiting . . . . .	1	'11	...	...	5	...	...	...	1	...	...	...	...
Gastralgia . . . . .	3	'04	...	...	1	...	...	...	5	...	...	40	...
Heartburn . . . . .	1	'12	...	...	...	...	...	...	...	...	...	...	...
Loss of appetite . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Excessive appetite . . . . .	...	...	...	...	...	...	...	...	8	...	...	...	...
Inflammation of the intestines . . . . .	17	1'04	...	1	...	...	1	1	...	...	...	37	2
Enteritis . . . . .	89	4'60	2	3	4	...	52	20	43	7	1	39	26
Typhlitis . . . . .	111	9'72	3	6	5	...	1	...	41	...	...	18	2
Colitis . . . . .	82	3'93	2	1	2	...	5	2	17	...	...	33	9
Catarrhal inflammation of the intestines	59	2'55	...	1	2	...	27	1	10	...	...	288	5
Ulceration of the intestines . . . . .	1	'09	...	...	...	...	...	...	...	...	...	5	5
„ „ „ perforating	1	'01	1	...	...	...	...	...	...	...	...	4	5
Fistula of the intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Gangrene of the intestines . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
Hæmorrhage from the intestines . . . . .	...	...	...	1	...	...	...	...	8	1	...	5	2
Fæcal accumulation in the intestines . . . . .	6	'17	...	...	...	...	...	...	3	...	...	16	...
Tympanites . . . . .	1	'15	...	...	...	...	...	...	...	...	...	1	...
Sprue . . . . .	1	'02	...	...	1	...	...	...	12	4	...	...	...



TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admissions.	Deaths.	Invalids.	Admissions.	Deaths.
	Admissions.	Constantly sick.	Deaths.	Invalids.	Admissions.	Deaths.	Admissions.	Deaths.					
Hernia . . . . .	121	12'42	...	9	1	...	3	...	45	2	10	67	1
Adhesion of hernial sacs . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Intussusception . . . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Volvulus . . . . .	1	'01	...	...	...	...	...	...	...	...	...	1	1
Internal strangulation . . . . .	...	...	...	...	...	...	...	...	1	...	...	4	3
Obstruction of the intestines . . . . .	2	'05	1	1	...	...	...	...	4	4	...	12	8
Compression „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Perforation „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	3
Intestinal dyspepsia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Constipation . . . . .	141	4'54	...	...	19	...	18	...	203	...	...	173	...
Paresis . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Colic . . . . .	422	9'92	...	...	21	...	5	...	259	1	...	381	...
Diarrhœa . . . . .	1,012	32'30	...	3	44	...	237	31	859	2	...	3,650	85
Enteralgia . . . . .	...	...	...	...	...	...	...	...	2	...	...	1	...
Proctitis . . . . .	5	'60	...	1	...	...	...	...	...	...	...	...	...
Periproctitis . . . . .	5	'44	...	...	...	...	...	...	6	...	...	3	...
Abscess of the rectum and anus . . . . .	7	'96	...	...	...	...	...	...	13	...	...	6	...
Ulceration „ „ „ . . . . .	1	'13	...	...	...	...	...	...	5	...	...	2	...
Fissure of the anus . . . . .	13	'77	...	...	3	...	...	...	17	...	...	7	...
Fistula in ano . . . . .	31	2'62	...	3	...	...	...	...	49	...	2	77	...
Recto-vesical fistula . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Recto-urethral „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Hæmorrhage from the rectum and anus . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Prolapse of the rectum . . . . .	6	'31	...	...	...	...	4	...	1	...	...	29	...
Piles . . . . .	383	20'58	...	1	12	...	...	...	155	...	1	414	3
Pruritus ani . . . . .	1	'02	...	...	...	...	...	...	...	...	...	1	...
Hepatitis . . . . .	326	24'27	3	21	3	...	...	...	41	2	...	54	2
Abscess of the liver . . . . .	165	25'41	70	39	...	...	...	...	11	8	...	16	9
Cirrhosis „ „ . . . . .	6	'71	1	1	...	...	...	...	4	1	1	32	19
Perihepatitis . . . . .	6	'29	...	...	...	...	...	...	5	...	...	1	...
Congestion of the liver . . . . .	418	20'01	...	6	6	...	3	...	23	1	...	48	1
Acute yellow atrophy of the liver . . . . .	...	...	...	...	...	...	...	...	2	...	...	2	2
Hypertrophy of the liver . . . . .	...	...	...	...	...	...	...	...	2	...	...	4	...
Jaundice . . . . .	260	13'13	2	...	3	...	4	1	260	1	2	187	4
Cholecystitis . . . . .	11	'63	1	...	1	...	...	...	15	...	...	24	1
Gall stones . . . . .	...	...	...	...	1	...	...	...	2	1	...	3	2
Accumulation of bile . . . . .	2	'11	...	...	...	...	...	...	...	...	...	...	...
Biliary colic . . . . .	3	'20	...	...	...	...	...	...	3	...	...	5	...
Biliary fistula . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Inflammation of the pancreas . . . . .	1	'10	...	...	...	...	...	...	...	...	...	...	...
Fatty degeneration „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Peritonitis . . . . .	4	'23	1	...	...	...	1	1	11	5	...	22	17
Ascites . . . . .	1	'09	...	...	...	...	...	...	4	...	...	22	1
Adhesions of the peritonæum . . . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Omental hernia . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Splenitis . . . . .	23	1'55	...	...	...	...	...	...	87	1	5	25	1
Perisplenitis . . . . .	4	'14	...	...	...	...	...	...	...	...	...	...	...
Abscess of the spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	2
Congestion of the spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	13	...
Lardaceous spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	6	2
Atrophy of the spleen . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Hypertrophy of the spleen . . .	2	'30	...	1	...	...	...	...	29	...	...	31	...
Inflammation of lymph-glands . .	690	75'08	...	3	3	...	6	...	292	1	2	210	1
Suppuration of lymph-glands . .	29	3'33	...	...	...	...	1	...	16	...	1	122	...
Hypertrophy of lymph-glands . .	...	...	...	...	...	...	...	...	12	...	...	4	...
Inflammation of lymphatics . .	14	'56	...	...	1	...	...	...	14	...	1	17	...
Elephantiasis . . . . .	...	...	...	...	...	...	...	...	...	...	...	14	...
Lymph-fistula . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the thyroid body .	...	...	...	...	...	...	...	...	3	...	...	...	...
Goitre . . . . .	4	'36	...	2	...	...	...	...	21	...	...	4	...
Exophthalmic goitre . . . . .	8	'51	...	1	...	...	...	...	4	...	1	...	...
Addison's disease . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Acute nephritis . . . . .	16	1'91	1	5	3	...	2	...	10	1	2	23	5
Bright's disease . . . . .	4	'68	...	2	1	...	...	...	11	1	3	52	7
Chronic nephritis . . . . .	10	1'75	2	5	3	...	...	...	3	...	1	42	19
Granular kidney . . . . .	6	'84	2	2	...	...	...	...	3	2	...	8	2
Abscess of kidney . . . . .	...	...	...	...	...	...	...	...	2	...	1	...	...
Pyelitis . . . . .	3	'35	...	2	...	...	...	...	4	1	...	1	...
Movable kidney . . . . .	2	'55	...	1	2	...	...	...	1	...	...	...	...
Calculus in kidney . . . . .	3	'25	...	...	...	...	...	...	25	...	1	6	3
Calculus in ureter . . . . .	2	'19	...	...	...	...	...	...	9	...	1	...	...
Nephralgia . . . . .	...	...	...	...	...	...	...	...	8	...	...	3	...
Renal colic . . . . .	...	...	...	...	...	...	...	...	3	...	...	...	...
Suppression of urine . . . . .	1	'01	1	...	...	...	...	...	...	...	...	1	...
Hæmaturia . . . . .	15	'91	...	3	...	...	...	...	9	...	...	17	...
Hæmoglobinuria . . . . .	1	'08	...	...	...	...	...	...	...	...	...	1	...
Chyluria . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	1
Albuminuria . . . . .	8	'63	...	...	2	...	...	...	...	...	...	13	1
Lithuria . . . . .	1	'03	...	...	...	...	...	...	4	...	...	1	...
Phosphaturia . . . . .	3	'26	...	...	...	...	...	...	2	...	...	...	...
Inflammation of the bladder . .	33	2'62	...	3	4	...	...	...	21	...	...	7	1
Calculus in the bladder . . .	...	...	...	...	...	...	...	...	6	1	...	4	1
Irritability of the bladder . . .	1	'03	...	...	...	...	...	...	1	...	...	2	...
Retention of urine . . . . .	4	'28	...	...	1	...	...	...	3	...	...	11	...
Incontinence of urine . . . . .	30	1'90	...	5	1	...	...	...	2	...	1	2	...
Urethritis . . . . .	49	2'56	...	...	...	...	...	...	9	...	...	14	...
Gleet . . . . .	...	...	...	...	...	...	...	...	2	...	...	5	...
Abscess of the urethra . . . .	...	'05	...	...	...	...	...	...	...	...	...	2	...
Hæmorrhage from the urethra . .	1	'03	...	...	...	...	...	...	3	...	...	...	...
Stricture of the urethra . . . .	35	3'16	...	3	...	...	...	...	12	...	...	51	...
Urethral fistula . . . . .	5	'16	...	1	...	...	...	...	1	...	...	2	...
Extravasation of urine . . . .	2	'06	...	...	...	...	...	...	...	...	...	2	2
Impacted calculus . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of the prostate . .	3	'11	...	...	...	...	...	...	...	...	...	...	...
Abscess of the prostate . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Hypertrophy of the prostate . .	...	...	...	...	...	...	...	...	1	...	...	5	...
Phimosis . . . . .	72	4'55	...	...	...	...	...	...	24	...	...	85	...
Paraphimosis . . . . .	16	1'70	...	...	...	...	...	...	4	...	...	11	...
Balanitis . . . . .	84	2'78	...	...	...	...	...	...	7	...	...	10	...
Ulcer of the penis . . . . .	20	1'43	...	...	...	...	...	...	41	...	...	19	...
Edema „ „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Soft chancre „ „ . . . . .	1,360	135'72	...	...	...	...	...	...	507	1	...	121	...



## TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Inflammation of the scrotum . . .	...	...	...	...	...	...	...	...	1	...	...	3	...
Abscess of the scrotum . . .	3	'19	...	1	...	...	...	...	3	...	...	9	...
Soft chancre „ „ . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Pruritus . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of the spermatic cord .	3	'11	...	...	...	...	...	...	5	...	...	1	...
Abscess „ „ „ .	...	'27	...	...	...	...	...	...	...	...	...	...	...
Hydrocele „ „ „ .	5	'42	...	...	...	...	...	...	3	...	...	1	...
Hæmatocele „ „ „ .	2	'25	...	...	...	...	...	...	1	...	...	3	...
Varicocele . . . . .	50	3'74	...	...	...	...	...	...	11	...	1	1	...
Torsion . . . . .	2	'25	...	...	...	...	...	...	...	...	...	...	...
Hæmatocele of the tunica vaginalis .	1	'07	...	...	...	...	...	...	3	...	...	...	...
Hydrocele „ „ „ .	32	2'23	...	...	...	...	...	...	38	...	1	136	...
Inflammation of the testicle . . .	...	...	...	...	...	...	...	...	7	...	...	64	...
Orchitis . . . . .	353	18'43	...	2	...	...	...	...	193	...	2	82	...
Epididymitis . . . . .	16	'65	...	...	...	...	...	...	43	...	1	5	...
Abscess of the testicle . . .	...	...	...	...	...	...	...	...	1	...	...	1	...
Protrusion of the tubuli . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Atrophy of the testicle . . .	2	'17	...	...	...	...	...	...	...	...	...	...	...
Torsion „ „ . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Spermatorrhœa . . . . .	...	...	...	...	...	...	...	...	4	...	1	1	...
Inflammation of the ovary . . .	...	...	...	...	13	...	...	...	...	...	...	1	...
Hæmorrhage from the ovary . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the Fallopian tube .	...	...	...	...	1	...	...	...	...	...	...	...	...
Parametritis . . . . .	...	...	...	...	2	1	...	...	...	...	...	1	...
Parametric abscess . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Metritis . . . . .	...	...	...	...	3	...	...	...	...	...	...	4	1
Endometritis . . . . .	...	...	...	...	18	...	...	...	...	...	...	1	...
Abscess of the uterus . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Ulcer „ „ . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Subinvolution „ „ . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Abrasion „ „ . . .	...	...	...	...	6	...	...	...	...	...	...	...	...
Displacement of the uterus, not defined	...	...	...	...	1	...	...	...	...	...	...	...	...
Retroversion of the uterus . . .	...	...	...	...	6	...	...	...	...	...	...	1	...
Retroflexion „ „ . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Prolapsus „ „ . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Utero-vesical fistula . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Laceration of the uterus . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Inflammation of the vagina . . .	...	...	...	...	4	...	1	...	...	...	...	...	...
Prolapse of the vagina . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Inflammation of the vulva . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Amenorrhœa . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Dysmenorrhœa . . . . .	...	...	...	...	9	...	...	...	...	...	...	...	...
Menorrhagia . . . . .	...	...	...	...	24	...	...	...	...	...	...	3	...
Metrorrhagia . . . . .	...	...	...	...	11	...	...	...	...	...	...	1	...
Leucorrhœa . . . . .	...	...	...	...	10	...	...	...	...	...	...	7	...
Vaginismus . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Pruritus . . . . .	...	...	...	...	1	...	1	...	...	...	...	...	...
Hydorrhœa . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Neuralgia of the uterus . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Cramp and spurious labour pains .	...	...	...	...	5	...	...	...	...	...	...	...	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Catarrh of cervix uteri . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Hæmorrhage from the uterus during pregnancy . . . . .	...	...	...	...	9	...	...	...	...	...	...	5	...
Abortion . . . . .	...	...	...	...	90	...	...	...	...	...	...	9	...
Vesicular mole . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Mechanical obstacle to the expulsion of the fœtus . . . . .	...	...	...	...	2	...	...	...	...	...	...	3	...
Hæmorrhage, unavoidable, from placenta prævia . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Hæmorrhage, accidental, from detachment of placenta . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Rupture of the perineum . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Retention of the placenta . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Still-birth . . . . .	...	...	...	...	7	...	...	...	...	...	...	1	...
Retention of placental fragments .	...	...	...	...	2	...	...	...	...	...	...	2	...
Metritis after parturition . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Sudden death after delivery . . .	...	...	...	...	...	1	...	...	...	...	...	...	...
Abscess of the areola . . . . .	...	...	...	...	3	...	...	...	...	...	...	...	...
Mastitis . . . . .	...	...	...	...	5	...	...	...	...	...	...	1	...
Suppuration of mammary gland .	...	...	...	...	4	...	...	...	...	...	...	2	...
„ „ puerperal . . . . .	...	...	...	...	2	...	...	...	...	...	...	...	...
Inflammation of the male breast .	3	'30	...	...	...	...	...	...	1	...	...	...	...
Hypertrophy „ „ „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Ostitis . . . . .	6	'68	...	...	...	...	...	...	9	...	...	3	1
Periostitis . . . . .	62	4'31	1	2	1	...	...	...	77	...	1	29	...
Caries of bones . . . . .	7	'54	...	2	...	...	...	...	5	...	...	17	1
Necrosis of bones . . . . .	5	'34	...	1	...	...	...	...	13	...	1	24	1
Un-united fracture or false joint .	...	...	...	...	...	...	...	...	1	...	...	...	...
Inflammation of joints, not defined .	2	'10	...	1	...	...	...	...	6	...	...	3	...
Synovitis . . . . .	906	56'92	...	10	5	...	3	1	522	...	6	183	...
Ankylosis . . . . .	5	'24	...	...	...	...	...	...	16	...	5	6	...
Dislocation of articular cartilage .	27	1'87	...	5	...	...	...	...	3	...	1	...	...
Loose body . . . . .	6	'72	...	1	...	...	...	...	...	...	...	...	...
Dislocation of joint . . . . .	...	...	...	...	...	...	1	...	3	...	...	1	...
Inflammation of the spine . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Caries of the spine . . . . .	1	'33	...	1	...	...	...	...	2	...	...	1	1
Psoas, lumbar, post-pharyngeal abscesses . . . . .	2	'25	1	1	...	...	...	...	1	1	...	2	1
Posterior curvature of the spine .	2	'18	...	1	...	...	...	...	...	...	...	...	...
Angular „ „ „ . . . . .	1	'22	...	1	...	...	...	...	1	...	1	...	...
Lateral curvature of spine . . . .	5	'74	...	...	...	...	...	...	...	...	...	...	...
Inflammation of muscles . . . . .	3	'12	...	...	...	...	...	...	7	...	...	...	...
Suppuration „ „ . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Degeneration „ „ . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Atrophy „ „ . . . . .	1	'01	...	1	...	...	...	...	...	...	...	...	...
Spontaneous rupture of muscles .	...	...	...	...	...	...	...	...	1	...	...	...	...
Contracture of muscles . . . . .	...	...	...	...	...	...	...	...	2	...	1	...	...
Pseudo-hypertrophic paralysis . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Idiopathic muscular atrophy . . .	...	...	...	...	...	...	...	...	1	...	1	...	...
Myalgia . . . . .	217	8'03	...	...	4	...	...	...	427	...	8	118	...
Contracture of fasciæ . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Inflammation of tendons . . . . .	1	'12	...	...	...	...	...	...	2	...	...	...	...
Adhesions „ „ . . . . .	3	'12	...	...	...	...	...	...	1	...	...	...	...
Contraction „ „ . . . . .	2	'14	...	...	...	...	...	...	2	...	...	...	...
Tenosynovitis . . . . .	5	'16	...	...	...	...	...	...	19	...	...	5	...



# TABLE LIII—continued.

## DETAIL of DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly k.	Deaths.	Invalids	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Thecal abscess . . . . .	3	'11	...	...	...	...	...	...	3	...	...	5	...
Ganglion . . . . .	6	'18	...	...	...	...	1	...	9	...	1	7	...
Inflammation of bursæ . . . . .	27	1'24	...	...	2	...	...	...	30	...	...	2	...
Abscess „ . . . . .	3	'14	...	...	...	...	...	...	9	...	...	2	...
Bunion . . . . .	16	'81	...	...	...	...	...	...	1	...	...	...	...
Bursal cyst . . . . .	1	'06	...	...	...	...	...	...	...	...	...	...	...
Club-foot . . . . .	1	'01	...	...	...	...	1	...	...	...	...	...	...
Talipes valgus . . . . .	1	'12	...	1	...	...	...	...	...	...	...	...	...
Flat-foot . . . . .	26	1'44	...	10	...	...	...	...	1	...	...	1	...
Hallux valgus . . . . .	7	'41	...	3	...	...	...	...	...	...	...	...	...
Hammer Toe . . . . .	40	3'86	...	2	...	...	...	...	...	...	...	...	...
Inflammation of the connective tissue	755	32'48	...	1	15	...	8	...	370	3	...	553	12
Abscess „ „ „ . . . . .	852	43'51	1	5	16	...	16	1	1,523	...	...	3,411	2
Gangrene „ „ „ . . . . .	1	'22	...	...	...	...	...	...	1	...	...	7	3
Hæmorrhage into the „ „ . . . . .	1	'01	...	...	...	...	...	...	...	...	...	1	...
Œdema of the „ „ . . . . .	10	'32	...	...	...	...	...	...	7	...	...	58	6
Elephantiasis . . . . .	...	...	...	...	...	...	...	...	...	...	...	3	...
Emphysema of the „ „ . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Undue-formation of fat . . . . .	...	...	...	...	...	...	...	...	...	...	...	8	...
Erythema . . . . .	12	'45	...	...	...	...	1	...	11	...	...	7	...
Pityriasis rosea . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Urticaria . . . . .	48	1'12	...	...	...	...	2	...	79	...	...	76	...
Prickly heat . . . . .	22	'62	...	...	...	...	3	...	9	...	...	6	...
Eczema . . . . .	409	24'39	...	2	4	...	16	...	417	...	...	323	...
Impetigo . . . . .	49	2'54	...	...	1	...	10	...	50	...	...	6	...
Pityriasis rubra . . . . .	5	'14	...	...	...	...	...	...	6	...	...	2	...
Prurigo. . . . .	...	...	...	...	...	...	...	...	3	...	...	1	...
Lichen . . . . .	4	'17	...	...	...	...	...	...	7	...	...	6	...
Psoriasis . . . . .	62	5'28	...	...	4	...	1	...	23	...	1	7	...
Miliaria . . . . .	1	'01	...	...	...	...	...	...	2	...	...	1	...
Herpes . . . . .	47	2'45	...	...	...	...	...	...	79	...	...	68	...
Zona . . . . .	20	'73	...	...	...	...	...	...	68	...	...	60	...
Pemphigus . . . . .	103	4'77	...	...	1	...	8	...	11	...	...	10	...
Dermatitis herpetiformis . . . . .	5	'41	...	...	...	...	...	...	16	...	...	4	...
Acne. . . . .	16	'97	...	...	...	...	...	...	13	...	...	4	...
Gutta rosea . . . . .	...	...	...	...	1	...	...	...	...	...	...	...	...
Sycosis . . . . .	54	3'21	...	...	...	...	...	...	27	...	...	...	...
Seborrhœa . . . . .	7	'65	...	...	...	...	...	...	3	...	...	2	...
Ichthyosis . . . . .	...	...	...	...	...	...	...	...	6	...	...	...	...
Sclerodermia . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Leucodermia . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Chloasma . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Area. . . . .	2	'12	...	...	...	...	...	...	...	...	...	...	...
Chilblain . . . . .	...	...	...	...	...	...	...	...	6	...	...	59	...
Frostbite . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Ulcer . . . . .	521	28'93	...	1	9	...	6	...	3,172	...	7	3,085	2
Cicatrices . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Boil . . . . .	979	35'39	...	...	11	...	15	...	2,671	...	...	1,342	...
Carbuncle . . . . .	16	'79	...	1	...	...	...	...	33	...	...	198	3
Gangrene . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	...
Whitlow . . . . .	124	5'20	...	...	2	...	1	...	272	...	...	356	...

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Onychia . . . . .	230	10'19	...	...	2	...	1	...	43	...	...	32	...
Keratosis pilaris . . . . .	...	...	...	...	...	...	...	...	3	...	...	1	...
Corn . . . . .	25	1'09	...	...	...	...	...	...	21	...	...	8	...
Horn . . . . .	1	'14	...	...	...	...	...	...	...	...	...	...	...
Cheloid . . . . .	5	'56	...	...	...	...	...	...	1	...	...	1	...
Wen . . . . .	30	1'22	...	...	...	...	...	...	29	...	...	15	...
Adenoma sebaceum . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Hyperidrosis . . . . .	4	'12	...	...	...	...	...	...	3	...	...	...	...
Bromidrosis . . . . .	8	'27	...	...	...	...	...	...	...	...	...	...	...
Pruritus . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Lupus . . . . .	4	'94	...	...	1	...	...	...	5	...	...	5	...
Delhi boil . . . . .	1	'09	...	...	...	...	...	...	112	...	...	1	...
ACCIDENTAL :—													
Heat-stroke . . . . .	111	5'33	13	1	1	...	4	1	14	1	...	45	8
Sun-stroke . . . . .	51	2'00	...	1	...	...	4	...	8	1	...	17	6
Heat-apoplexy . . . . .	25	1'05	13	...	...	...	...	...	...	...	...	12	5
Effects of cold . . . . .	...	...	...	...	...	...	...	...	1	2	...	1	...
Effects of chemical irritants and corrosives . . . . .	3	'15	...	...	...	...	...	...	...	...	...	...	...
Lightning stroke . . . . .	...	...	1	...	...	...	...	...	1	1	...	...	...
Multiple injury . . . . .	9	'52	8	1	...	...	1	...	3	1	1	47	1
Suffocation, not defined . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Suffocation from submersion . . . . .	3	'01	17	...	...	...	...	...	1	6	...	1	3
„ „ plugging of air- passages with foreign substances . . . . .	...	...	1	...	...	...	...	...	2	1	...	...	...
Suffocation from overlaying . . . . .	...	...	...	...	...	...	...	1	...	...	...	...	...
Suffocation of foetus during parturi- tion . . . . .	...	...	...	...	...	...	1	1	...	...	...	...	...
Starvation . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Exhaustion . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Shock . . . . .	...	...	1	...	...	...	...	...	2	1	...	3	1
Burns and scalds (general and local)	82	3'53	...	...	2	...	12	...	293	...	...	270	1
Frost bite . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Abrasions . . . . .	716	22'54	...	...	1	...	2	...	2,391	...	...	209	...
Contusions . . . . .	1,415	54'96	2	3	5	...	10	...	2,352	...	3	713	...
Wounds . . . . .	1,556	73'01	3	13	7	...	25	...	3,896	3	7	2,892	6
„ gun-shot . . . . .	45	4'76	5	7	...	...	...	...	95	1	6	7	1
Gunshot wound of skull with frac- ture . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
Accidental :—													
Wound with complete division of tendons . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Wound of skull with meningeal hæmorrhage . . . . .	...	...	1	...	...	...	...	...	1	...	...	...	...
Strains and sprains . . . . .	1,557	61'03	...	1	3	...	6	...	1,433	...	3	246	...
Dislocations . . . . .	108	6'99	...	4	...	...	2	...	76	...	1	36	...
Rupture of muscles, tendons, and ligaments . . . . .	13	'85	...	1	...	...	...	...	1	...	...	1	...
Fracture of the vault of the skull . . . . .	3	'10	2	1	...	...	...	...	2	1	...	2	2
„ of skull . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
„ of the base of the skull . . . . .	5	'19	5	1	...	...	1	...	9	8	...	3	3
„ of the spine . . . . .	1	...	1	...	...	...	...	...	...	1	...	3	2
„ of other bones . . . . .	449	47'20	2	26	3	...	8	...	432	...	25	403	5



# TABLE LIII—continued.

## DETAIL OF DISEASES.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Foreign bodies in tissues and organs	16	'97	...	...	...	...	...	...	23	...	...	29	2
Dislocation of spine . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Effects of irritants and corrosives . . . . .	4	'11	...	1	...	...	...	...	2	...	...	7	...
„ mechanical injury . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Complete crush of hand . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	...
Compression of nerves . . . . .	...	'02	...	1	...	...	...	...	...	...	...	...	...
Concussion of the brain . . . . .	40	2'42	...	3	...	...	3	...	46	3	2	2	1
Laceration of brain . . . . .	...	...	...	...	...	...	...	...	1	1	...	...	...
Compression of the brain . . . . .	1	...	1	...	...	...	1	1	4	2	1	...	...
Laceration of urethra . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Chemical injury of eye . . . . .	1	'04	...	...	...	...	...	...	...	...	...	...	...
Sub-conjunctival hæmorrhage . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Hæmatoma of the pinna . . . . .	3	'11	...	...	...	...	...	...	1	...	...	...	...
Rupture of membrana tympani . . . . .	1	'04	...	...	...	...	...	...	1	...	...	...	...
Rupture of intestines . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...
Rupture of liver . . . . .	1	'01	1	...	...	...	...	...	1	...	...	...	...
Rupture of spleen . . . . .	...	...	...	...	...	...	...	...	1	2	...	...	...
„ of kidney . . . . .	...	'01	...	...	...	...	...	...	...	...	...	1	...
„ of urethra . . . . .	...	...	...	...	...	...	...	...	1	...	...	2	1
Concussion of the spinal cord . . . . .	4	'21	...	...	...	...	...	...	2	...	...	...	...
Diffused hæmatocele of cord . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Foreign bodies in the alimentary canal . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Mutilation of the genitals . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Internal derangement of joints . . . . .	4	'28	...	...	...	...	...	...	1	...	...	...	...
Dislocation of fibula with fracture of tibia . . . . .	...	...	...	...	...	...	...	...	...	...	1	...	...
Fall from a tree . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
Killed by the fall of a mass of an overhanging while excavating earth . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	1
POISONS :—													
Arsenic . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Copper . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Lead . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Mercury . . . . .	...	...	...	...	...	...	...	...	6	2	...	...	...
Zinc . . . . .	1	'03	...	...	...	...	...	...	...	...	...	...	...
Lime . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Oxalic acid . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Sulphuric acid . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Alcohol . . . . .	2	...	3	...	...	...	...	...	2	...	...	1	...
Petroleum . . . . .	...	...	...	...	...	...	1	...	...	...	...	...	...
Organic substances (not defined) . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Cocaine . . . . .	1	'02	...	...	...	...	...	...	...	...	...	...	...
Indian hemp . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Lathyrus . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	...
Nux vomica . . . . .	...	—	...	...	...	...	...	...	1	1	...	...	...
Opium . . . . .	...	...	1	...	...	...	...	...	1	...	...	6	...
Morphia . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
Poisonous fungi . . . . .	1	'01	...	...	...	...	...	...	...	...	...	...	...
Mushroom . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Dhatara . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...

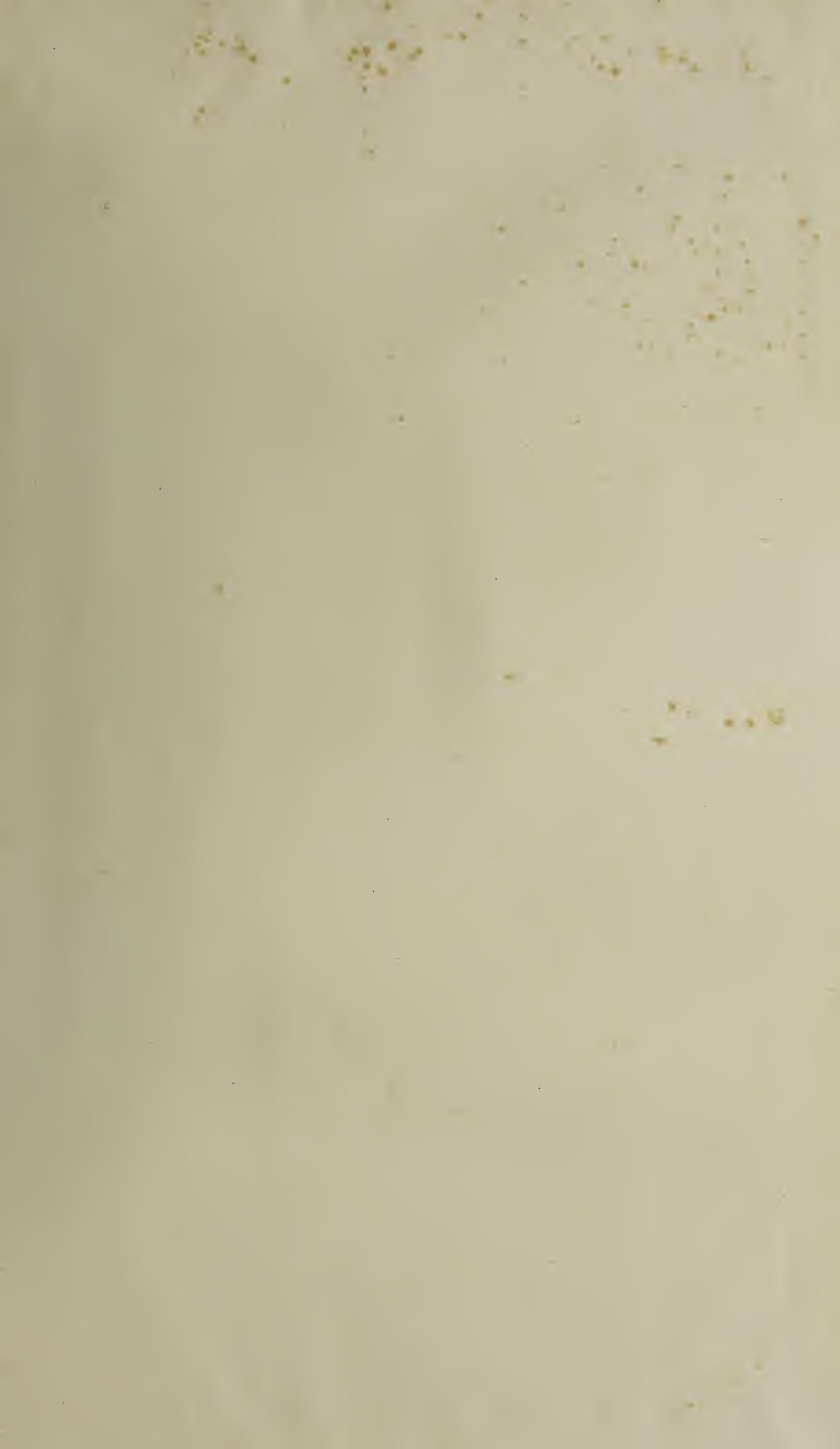
DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis- sions.	Deaths.	Invalids.	Admis- sions.	Deaths.
	Admis- sions.	Constantly sick.	Deaths.	Invalids.	Admis- sions.	Deaths.	Admis- sions.	Deaths.					
Tobacco . . . . .	3	'20	...	...	...	...	..	...	...	...	...	...	...
Narcotic substance . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...
Quinine . . . . .	...	...	...	...	...	...	...	...	1	...	...	...	...
Ptomaines . . . . .	19	'54	4	...	2	...	...	...	...	...	...	1	...
Effects of animal poison, not defined	...	...	...	...	...	...	...	...	1	...	...	...	...
Carbonic acid gas . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
Chloroform vapour . . . . .	2	'04	2	...	...	...	...	...	...	...	...	...	...
Vegetable, not defined . . . . .	...	...	...	...	...	...	...	...	3	...	...	1	...
POISONED WOUNDS :—													
Poisoned wound, not defined	1	...	...	...	...	...	...	...	6	...	...	1	...
„ „ by snakes . . . . .	...	...	...	...	...	...	...	...	17	...	...	30	2
„ „ by scorpions . . . . .	2	'13	1	...	...	...	...	...	3	...	...	3	...
„ „ by centipedes . . . . .	...	...	...	...	...	...	...	...	...	...	...	51	...
„ „ by stinging insects	5	'13	...	...	...	...	1	...	8	...	...	13	...
„ „ by fish . . . . .	...	...	...	...	...	...	...	...	2	...	...	...	...
„ „ by dog . . . . .	64	7'26	...	...	...	...	3	...	4	...	...	7	...
„ „ by jackal . . . . .	3	'02	...	...	...	...	...	...	...	...	...	...	...
„ „ by monkey . . . . .	1	'04	...	...	...	...	...	...	...	...	...	2	...
„ „ man . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	...
„ „ by septic matters . . . . .	1	'06	...	...	...	...	...	...	2	...	...	3	...
„ „ by vegetable sub- stances.	...	...	...	...	...	...	...	...	...	...	...	3	...
„ „ by organic matter . . . . .	1	'08	...	...	...	...	...	...	...	...	...	...	...
HOMICIDAL :—													
Fracture of the base of the skull . . . . .	...	...	...	...	...	...	...	...	...	1	...	...	...
Gun-shot wound . . . . .	...	...	...	...	...	...	...	...	...	5	...	...	...
Arrow wound . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	...
Poison, arsenic . . . . .	...	...	...	...	...	...	...	...	...	2	...	...	...
Not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	2
SUICIDAL :—													
Drowning . . . . .	...	...	1	...	...	...	...	...	...	1	...	...	...
Hanging . . . . .	...	...	2	...	...	...	...	...	...	...	...	...	10
Wound . . . . .	...	...	...	...	...	...	...	...	...	...	...	2	2
Gun-shot wound . . . . .	2	...	8	...	...	...	...	...	...	7	...	1	1
Cut-throat . . . . .	14	...	2	...	...	...	...	...	...	...	...	...	...
Fracture of the vault of skull . . . . .	1	...	1	...	...	...	...	...	...	...	...	...	...
Burns and scalds . . . . .	1	...	...	...	...	...	...	...	...	...	...	...	...
Poison, oxalic acid . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
„ opium . . . . .	...	...	1	...	...	...	...	...	...	1	...	...	...
„ sulphuric acid . . . . .	...	...	1	...	...	...	...	...	...	...	...	...	...
„ arsenic . . . . .	...	...	...	...	...	...	...	...	...	...	...	1	1
Not defined . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	5
JUDICIAL :—													
Hanging . . . . .	...	...	...	...	...	...	...	...	...	...	...	...	6
Punished . . . . .	...	...	...	...	...	...	...	...	...	...	...	21	...



TABLE LIII—concluded.

DISEASES.	EUROPEAN ARMY OF INDIA.								NATIVE ARMY OF INDIA.			JAIL POPULATION OF INDIA.	
	MEN.				WOMEN.		CHILDREN.		Admis-sions.	Deaths.	Invalids.	Admis-sions.	Deaths.
	Admis-sions.	Constantly sick.	Deaths.	Invalids.	Admis-sions.	Deaths.	Admis-sions.	Deaths.					
NOT DEFINED :—													
Cut-throat . . . . .	...	...	...	...	...	...	...	...	...	...	...	8	1
Diseases not classed (details not available).	...	...	...	...	...	...	...	...	33	...	...	...	...
No appreciable disease . . . .	246	12'55	...	...	108	...	45	...	14	...	...	34	...
Not yet diagnosed . . . . .	...	...	...	...	...	...	...	...	...	...	...	30	...
Cause unknown . . . . .	...	...	...	...	...	...	...	...	...	4	...	...	...
Absent deaths . . . . .	...	...	...	...	...	...	...	...	...	470	...	...	...
GRAND TOTAL . . . . .	52,440	3215'61	567	* 1,768	2,299	23	1,981	176	79,484	1,263	728	85,600	1,993

{ Northern Army . 804=22'00 per 1,000 of strength.  
\* { Southern " . 964=31'07 " " "  
India . 1,768=25'50 " " "









# Map of INDIA

TO ILLUSTRATE  
THE ANNUAL REPORT OF THE SANITARY COMMISSIONER  
WITH THE GOVERNMENT OF INDIA FOR 1907.

Scale 1 Inch = 96 Miles or 154 Kilometres



## REFERENCES.

- Define Groups.....
- Sub-Groups.....
- Great Divisions.....
- Districts.....
- Main Roads.....
- Railways.....

- Group I.—Burma Coast and Bay Islands.
- II.—Burma Inland.
- III.—Assam.
- IV.—Bengal and Orissa.
- V.—Gangetic Plain and Churia Nagpur.
- VI.—Upper Sub-Himalaya.
- VII.—N. W. Frontier, Indus Valley, and N. W. Rajputana.
- VIII.—S. E. Rajputana, Central India and Gujarat.
- IX.—Deccan.
- X.—Western Coast.
- XI.—Southern India.









ANNUAL REPORT  
OF THE  
SANITARY COMMISSIONER WITH THE  
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FOR

1907,

WITH

APPENDICES AND RETURNS OF SICKNESS AND MORTALITY AMONG  
EUROPEAN TROOPS, NATIVE TROOPS, AND PRISONERS  
IN INDIA, FOR THE YEAR.



CALCUTTA  
SUPERINTENDENT GOVERNMENT PRINTING, INDIA  
1908